MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00157

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 44 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armed on

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 446 Rundon

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Aleon

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1953

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: July 20 1872 | 9. AGE last birthday: 81 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor | 10b. KIND OF BUSINESS OR INDUSTRY: School | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph Aleon | 14. MOTHER'S MAIDEN NAME: Mary Manacher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. No | 17. INFORMANT AND ADDRESS: Geo. Aleon Ellicott City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. W. Tiefler M.D. (Degree or title) Clinton-Balto 1010 Landon July 23 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7/24/53 | NAME OF CEMETERY OR CREMATORY Good Shepherd | LOCATION (City, town, or county) Ellicott City (State) Md

DATE REC'D BY LOCAL REG. 7-24-53 | REGISTRAR'S SIGNATURE V E Harry | 24. FUNERAL DIRECTOR Easton Sons | ADDRESS Catonsville, Md

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 27 1953
BUREAU V. I.
377.22
Ec.803

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00158

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 1

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard

LENGTH OF STAY (in this place) 6 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 846 W.36th St.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) A (Last) ARMIGER

4. DATE OF DEATH: (Month) January (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/20/90

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store owner

10b. KIND OF BUSINESS OR INDUSTRY: Confectionery

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Armiger

14. MOTHER'S MAIDEN NAME: Sara E. Bull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: 212-07-4257 Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm. Hosp, FtHoward, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) THROMBOSIS OF RIGHT VERTEBRAL ARTERY AND NECROSIS	11 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) OF BRAIN STEM ARTERIOSCLEROSIS	Unknown
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. CORONARY ARTERIOSCLEROSIS WITH INFARCTION — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: LEFT VENTRICLE

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Jan.23., 19..53, to Jan.29...., 19..53, that I last saw [illegible] alive on [illegible], and that death occurred at 8:15A.m., from the causes and on the date stated above.

SIGNATURE William B. Vandegrift, M.D. (DEGREE OR TITLE) ADDRESS VAH, Fort Howard, Md. DATE SIGNED 1/29/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Feb 2 1953

NAME OF CEMETERY OR CREMATORY Meadowridge Memorial Park Cemetery Inc.

LOCATION (City, town, or county) (State) Howard Co. Md.

DATE REC'D BY LOCAL REG. 1/31/53

REGISTRAR'S SIGNATURE BM

24. FUNERAL DIRECTOR ADDRESS

Burgee Funeral Home, 3631 Falls Rd.

Horace F. Burgee Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

00159

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River, Balto Co. | LENGTH OF STAY (In this place) 10 yrs 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bowleys Quarters Rt. 3, Box 347, Clarks Pt. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowleys Quarter
STREET ADDRESS (If rural, give location) Clarks Point Rd.

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Walter (Last) Arthur

4. DATE OF DEATH: (Month) Jan (Day) 17 (Year) 53

5. SEX: Male. | 6. COLOR OR RACE: White. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower | 8. DATE OF BIRTH: Nov 3/1863 | 9. AGE last birthday: 89 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired. | 10b. KIND OF BUSINESS OR INDUSTRY: Painter. | 11. BIRTHPLACE (State or foreign country): Baltimore Md | 12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: David Arthur. | 14. MOTHER'S MAIDEN NAME: Sarah Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Laura V. Amos. (niece)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Few hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Vascular Renal Hypertension	Yrs.
420.1	(c) Osteosarcoma, Pelvis, Femur	Yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 17 53 10 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Fall

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: M Clermont M.D. | (Degree or title) Deputy Medical Examiner | ADDRESS Balto. Co. Courthouse 2 Md | DATE SIGNED 1/17/53

23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE THEREOF 1/19/53 | NAME OF CEMETERY OR CREMATORY: Parkwood cemetery | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 1/19/53 | REGISTRAR'S SIGNATURE: A W Hedrick | 24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. | ADDRESS: BALTO., 13, MD. Henry T. Sander

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00160

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 1-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 1 mo-6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 15
STREET ADDRESS (If rural, give location) 2616 Cylburn Ave

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Paul (Last) Assaro

4. DATE OF DEATH: (Month) JAN (Day) 3 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W		1895	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone Mason
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Salvatoro Assaro
14. MOTHER'S MAIDEN NAME: Christina Fortzoni

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 218-01-0572
17. INFORMANT & ADDRESS: Spring Grove Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

421 Immediate cause (a) Cardiac Failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Myocardial degeneration & hypertrophy — DUE TO

(c) Aortic stenosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Jaundice

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 28, 1952, to Jan 3, 1953, that I last saw the deceased alive on Jan 3, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Sara E. Bennett, M.D. Spring Grove Hospital Catonsville Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 1-7-53
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 1/5/53
REGISTRAR'S SIGNATURE A.W. Redrick
24. FUNERAL DIRECTOR ADDRESS L.J. Luck 5305 Harford Rd
Direct

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 60163

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

LENGTH OF STAY (in this place) 14yrs. 2mos. 18days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 1418 W. Pratt Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Edward		Bach	January 28, 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	June 21, 1889	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Auto Mechanic	For Self	Maryland Balto.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward J. Bach	Ella O'Neill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unknown	Unknown	Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 **Immediate cause**	(a) Acute cardiac failure	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — 151X	DUE TO (b) Arteriosclerotic heart disease	Years
	DUE TO (c) Generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of stomach — Undetermine

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-2-, 1952, to 1-28-, 1953, that I last saw the deceased alive on 1-28-, 1953, and that death occurred at 11.30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Ethel B. Hermann-Gneuro — Spring Grove State Hospital Catonsville 28, Maryland — 1-28-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/31/53	New Cathedral Cem.	4300 Old Frederick Rd.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
JAN 29 1953	[illegible]	John J. Cowan & Son	220 Hollins St.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREELAND; LENGTH OF STAY (In this place) 44; HOSPITAL OR INSTITUTION OR STREET ADDRESS Middletown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREELAND R.D.; STREET ADDRESS (If rural, give location) Middletown Rt.

3. NAME OF DECEASED (Type or Print): (First) C (Middle) Melchor (Last) Baker

4. DATE OF DEATH: (Month) JAN. (Day) 5 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARR.

8. DATE OF BIRTH: 2/21/1908

9. AGE last birthday: 44 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR

10b. KIND OF BUSINESS OR INDUSTRY: PAPE MILL

11. BIRTHPLACE (State or foreign country): BALTIMORE MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: F. Conrad Baker

14. MOTHER'S MAIDEN NAME: Mamie Bates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) N. (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 196-16-7869

17. INFORMANT AND ADDRESS: C. Melchor Baker FREEL.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shotgun wound of head — Interval between onset and death:

E976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) INJURY Farm (CITY OR TOWN) Freeland (COUNTY) Balto. (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY June 5 1953 m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Fired gun while in motion + pulled the trigger

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE F. W. Frank (Degree or title) M.D. ADDRESS Middletown Md. DATE SIGNED 2/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL; DATE THEREOF FEB. 21, 53; NAME OF CEMETERY OR CREMATORY Middletown Cemetery; LOCATION (City, town, or county) FREELAND Balto. Co. (State) Md.

DATE REC'D BY LOCAL REG. 2/20/53; REGISTRAR'S SIGNATURE Charles J. Fulton

24. FUNERAL DIRECTOR G. Jacob Bortenstein; ADDRESS Middletown Md.

Freedom D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44-1

1. PLACE OF DEATH
COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 E. 5T.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT (71)
STREET ADDRESS (If rural, give location) 307 E. 5T.

3. NAME OF DECEASED (Type or Print): (First) CORA (Middle) JAMES (Last) BAUGHER

4. DATE OF DEATH (Month) 1 (Day) 25 (Year) 19 53

5. SEX F.

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH 9-11-1875

9. AGE last birthday 77 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN ADAMS

14. MOTHER'S MAIDEN NAME FRANCES DENTRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS MRS. MILT. H ESTES — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	1 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonitis	2 days
	(c) Generalized arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-24, 1953, to 1-25, 1953, that I last saw the deceased alive on 1-25, 1953, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Eugene F Nevin M.D. | 7001 Morning Star Rd Dundalk 22 Md

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 1-28-53 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) (State) Balto. Co.

DATE REC'D BY LOCAL REG. June 26, 1953 | REGISTRAR'S SIGNATURE William M Kelly | 24. FUNERAL DIRECTOR Walter Rinehart | ADDRESS Dundalk, Md.

Dawson Parlor

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3 f

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson; STREET ADDRESS (If rural, give location) Glenarm Rd

3. NAME OF DECEASED (Type or Print): (First) Sister Mary (Middle) Charitona (Last) Bindner

4. DATE OF DEATH: (Month) Jan. 30 (Day) (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 9 1872

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Religious

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Bindner

14. MOTHER'S MAIDEN NAME: Mary Linneman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Sr. Mary Clara Notch Cliff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension cardio vascular	20 yrs
	(c)	

422.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to Jan. 30, 1953, that I last saw the deceased alive on Jan. 27, 1953, and that death occurred at 10:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Sister Mary Donella SSND

ADDRESS: 7501 York Rd. Towson, Md.

DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 2-2-53.

NAME OF CEMETERY OR CREMATORY: VILLA MARIA CEM.

LOCATION (City, town, or county) (State): Notch Cliff near Towson, Md.

DATE REC'D BY LOCAL REG.: 2/2/53

REGISTRAR'S SIGNATURE: J. W. Hedian

24. FUNERAL DIRECTOR: Charles L. Siler

ADDRESS: 901 S. Conkling St BALTO, 24 MD

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Phoenix
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Champ
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Alonzo (Middle) S. (Last) Bozman
4. DATE OF DEATH: (Month) January (Day) 15 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: May 7, 1858
9. AGE last birthday: 94 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman - Police Patrol
10b. KIND OF BUSINESS OR INDUSTRY: State
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Bozman
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: daughter Mrs. Emma Toner - Phoenix, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized arteriosclerosis — year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

450

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 30, 1952, to Jan. 15, 1953, that I last saw the deceased alive on Jan. 15, 1953, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elizabeth B. Schnell, M.D. — ADDRESS Cockeysville, Md. — DATE SIGNED 1/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 1/15/53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Princess Anne, Md.

DATE REC'D BY LOCAL REG. 1/16/53 — REGISTRAR'S SIGNATURE A.W. Hadnick DMK — 24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wilson Funeral Home Princess Anne, Md.

Item 9 FilmG150 1/23/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Perry Hall
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Joppa Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Perry Hall
STREET ADDRESS (If rural, give location) Joppa Rd. - E. of Belair Rd.

3. NAME OF DECEASED (Type or Print): (First) Christina (Middle) E (Last) Brendel
4. DATE OF DEATH: (Month) Jan. (Day) 8 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Jan. 21 - 1880
9. AGE last birthday: 72 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Housf.
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Neumann
14. MOTHER'S MAIDEN NAME: Anna Louise Christ
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 215-05-6898
17. INFORMANT AND ADDRESS: Mrs. Louis Rohlman - Joppa Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

199.1
Immediate cause (a) Carcinoma, pelvic organs with — 8 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) multiple metastases
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1950
19b. MAJOR FINDINGS OF OPERATION: Carcinoma
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1952, to Jan. 8, 1953, that I last saw the deceased alive on Dec. 28, 1952, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE: G. M. Bacon
(Degree or title) M.D.
ADDRESS: 2810 Taylor Ave.
DATE SIGNED: Jan. 9 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/12/53
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 1-12-53
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Harry A. Mintz
ADDRESS: 4101 E. [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (In this place) 14 yrs. | HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. 3. Box 73 Pulaski Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. | COUNTY Balto. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | STREET ADDRESS (If rural, give location) Ingell Farm

3. NAME OF DECEASED (Type or Print): (First) Alex (Middle) Bryant (Last)

4. DATE OF DEATH: (Month) Jan (Day) 28 (Year) 53

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: 9-16-86

9. AGE last birthday: 66 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edgar Briscoe

14. MOTHER'S MAIDEN NAME: Mora Briscoe (Smith)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular Disease	D
	(c)	

42c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 28/53-10 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. McCarmine M.D. | (Degree or title): Deputy Medical Examiner | ADDRESS: Balto. Co. Dundalk, Md | DATE SIGNED: 1/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: 2-2-53 | NAME OF CEMETERY OR CREMATORY: Mt. Auburn | LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG. 1/31/53 | REGISTRAR'S SIGNATURE: a w Hedrick

24. FUNERAL DIRECTOR: C. R. Law | ADDRESS: 802 Madison Ave.

51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0016

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Balto. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 646 North Bend Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. | COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural give location): 646 North Bend Rd.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) D. (Last) BROADFOOT

4. DATE OF DEATH: (Month) Jan. (Day) 23 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 20, 1877

9. AGE last birthday: 75 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Proof Press Operator

10b. KIND OF BUSINESS OR INDUSTRY: Newspaper

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: George S. Broadfoot

14. MOTHER'S MAIDEN NAME: Agnes Drysdale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) none | (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-03-2532

17. INFORMANT & ADDRESS: Mrs. Laura May Broadfood-646 North Bend Rd. Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL APOPLEXIA. — Interval Between Onset And Death: 2 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) CEREBRAL SCLEROSIS. — 2. ..

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION: 0 | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): 0 | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): 0 | (CITY OR TOWN): 0 | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 50, to 1-23-, 19 53, that I last saw the deceased alive on Jan-20., 19 53, and that death occurred at 3:40 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Lloyd Johnson M.D. | ADDRESS: Catonsville Md | DATE SIGNED: 1-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1/26/53 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 1-23-53 | REGISTRAR'S SIGNATURE: V.E. Harvey

24. FUNERAL DIRECTOR: Wm. J. Fichner & Sons | ADDRESS: Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 18 W. Lee St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) (Last) Brooks

4. DATE OF DEATH: (Month) 1 (Day) 19 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10/2/1865

9. AGE Last birthday: 87 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unit Grant

14. MOTHER'S MAIDEN NAME: Maryella Apsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Addie Grenewalt, 18 W. Lee St., Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebro-Vascular Acc	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized arteriosclerosis	15 yrs.
	DUE TO (c)	

331/X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/19, 1953, to 1/19, 1953, that I last saw the deceased alive on 1/19, 1953, and that death occurred at 10:40 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Joseph W. Lichtenberg, M.D Spring Grove St. Hosp, Catonsville, 1/19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 1/24/53

NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

LOCATION (City, town, or county) (State) Woodlawn, Maryland

DATE REC'D BY LOCAL REG. 1/24/53

REGISTRAR'S SIGNATURE A. W. Heiskell

24. FUNERAL DIRECTOR ADDRESS

Wm. Cook, Inc., 1217 St. Paul St.

JT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 1 Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 98 Smithwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 1268 James Street

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) B. (Last) Brooks

4. DATE OF DEATH: (Month) 1 (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2-12-1877

9. AGE last birthday: 75 yrs.

If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Factory

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis D. Brooks

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-07-4540

17. INFORMANT AND ADDRESS: Mrs. James Siegert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

151+

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1952, to 17 Jan, 1953, that I last saw the deceased alive on 17 Jan, 1953, and that death occurred at 10:45 A.m., from the causes and on the date stated above.

SIGNATURE: W E McGrath (Degree or title) M.D. ADDRESS 1787 Edmondson Ave. Catonsville 28 md DATE SIGNED 19 Jan 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/21/53

NAME OF CEMETERY OR CREMATORY: Mt. Olivet

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 1-20-53

REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: MacNabb and Son ADDRESS: Catonsville

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7009 Kenleigh Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
STREET ADDRESS (If rural give location) 7009 Kenleigh Rd.

3. NAME OF DECEASED: (Type or Print) First: WILSON (Middle): KING (Last): BROOKS

4. DATE OF DEATH: (Month) Jan. (Day) 9 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 8, 1911

9. AGE Last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Sales manager

10b. KIND OF BUSINESS OR INDUSTRY: Pickles

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gilbert Bailey Brooks

14. MOTHER'S MAIDEN NAME: Josephine Findley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 190-09-3933

17. INFORMANT & ADDRESS: Mrs. Ruth Brooks-7009 Kenleigh Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) .....

DUE TO (c) .....

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 9 ,1953, to Jan 9 , 1953, that I last saw the deceased alive on Jan 9, 1953, and that death occurred at 10 20 PM from the causes and on the date stated above.

SIGNATURE (Doctor or MD) William J Helfrich M.D. ADDRESS 5006 Roland Ave. Balto 10, Md. DATE SIGNED 1/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 1/13/53 NAME OF CEMETERY OR CREMATORY West Moreland Mem. Park LOCATION (City, town, or county) Greensburg, Pa. (State)

DATE REC'D BY LOCAL REGISTRAR 1/12/53 REGISTRAR'S SIGNATURE A. W. Hedrick Dmk. 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto 19, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3300 McSHANE WAY

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
STREET ADDRESS (If rural, give location) 3305 McSHANE WAY

3. NAME OF DECEASED (Type or Print): (First) MAGGIE (Middle) (Last) BROWN
4. DATE OF DEATH: (Month) 1 (Day) 25 (Year) 19 53

5. SEX: FEM. | 6. COLOR OR RACE: WH. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED | 8. DATE OF BIRTH: 12-14-1862 | 9. AGE last birthday: 90 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): W. VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACKSON BANEY
14. MOTHER'S MAIDEN NAME: MARTHA SCHAFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS: LOLA E. MANSBERGER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 4 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) (a) Senility (b) Hypertension cardio vascular disease 10 years
(c) Generalized Arteriosclerosis

443

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21, 1953, to 1-25, 1953, that I last saw the deceased alive on 1-25, 1953, and that death occurred at 4:39 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Eugene F. Nevy M.D. 7001 Mornington Rd Dundalk 22, Md 1-25-53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 1-26-53 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) FAIRHAVEN, PENN.

DATE REC'D BY LOCAL REG. Jan. 25-1953 | REGISTRAR'S SIGNATURE Thelma M Kelly | 24. FUNERAL DIRECTOR | ADDRESS Little Funeral Home Inc. Dundalk, Md.

RECEIVED
JAN 27 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Md
STREET ADDRESS (If rural, give location) 25 W. Main St

3. NAME OF DECEASED (Type or Print): (First) Caroline (Middle) Frances (Last) Brundige

4. DATE OF DEATH: (Month) Jan (Day) 24 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: March 2-1863

9. AGE last birthday: 89 yrs. — If under 1 year: Months 10 — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Uniontown Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Edgar Starr

14. MOTHER'S MAIDEN NAME: Margaret G. Cassay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 213-16-4370-D

17. INFORMANT AND ADDRESS: Laura M. Schroder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardio-vascular disease — Interval between onset and death: over 2 years

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ....., 19~~48~~., to Jan 24., 1953., that I last saw the deceased alive on Jan 24., 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter T. Lees M D — ADDRESS Coeyesville, Md — DATE SIGNED 1/24/53

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) — DATE Jan 26-53 — NAME OF CEMETERY OR CREMATORY Methodist Cemetery — LOCATION (City, town, or county) Uniontown — (State) Md

DATE REC'D BY LOCAL REG. 1-24-53 — REGISTRAR'S SIGNATURE Laura M. Schroder

24. FUNERAL DIRECTOR — ADDRESS Wm. Cook, St. Paul & Preston St.

DATE_____

JAN
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Road Near Montrose Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison
STREET ADDRESS (If rural, give location) Reisterstown Road

3. NAME OF DECEASED: (First) William (Middle) (Last) Buchheit
4. DATE OF DEATH: (Month) Jan. (Day) 8, (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	July 29, 1874	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber's Helper
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adam Buchheit
14. MOTHER'S MAIDEN NAME: Elizabeth Riebson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Louis A. Buchheit Garrison, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	2 & 3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Chronic Nephritis	2 & 3 yrs.
	DUE TO (c) Senility	—

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) M. OF INJURY
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 53 to Jan 8, 19 53, that I last saw the deceased alive on Jan 7, 19 53, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE E E Nichols (DEGREE OR TITLE) MD ADDRESS Pikesville 9 Md DATE SIGNED 1-9-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 10, 1953	Baltimore	Baltimore, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1-9-53	E E Nichols	G. Howard Strong 3207 W. North Ave.,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1401 Stengel Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk - Rural Baltimore
STREET ADDRESS (If rural, give location) 1401 Stengel Avenue

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) E. (Last) BURKHARDT
4. DATE OF DEATH: (Month) Jan. (Day) 12, (Year) 1953

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: July 16, 1925 | 9. AGE last birthday: 27 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Rooney
14. MOTHER'S MAIDEN NAME: Margaret Klemmick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: 1401 Stengel Avenue, Frederick G. Burkhardt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia, Chronic Nephritis	6 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular disease	4 Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15, 1951, to 1-11, 1953, that I last saw the deceased alive on 1-12, 1953, and that death occurred at 12:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
Daniel L. Zalis	M.D	1942 Cedar Lane	22	1-12-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	1/15/53	PARKWOOD CEMETERY	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/14/53	C W Hedrich	HENRY SANDER & SONS, INC.	
	J C L	BALTO. 13, MD.	George F. Sander

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 30
STREET ADDRESS (If rural give location): 1801 Covington Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (NMI) (Last) BUTTS

4. DATE OF DEATH: (Month) January (Day) 21 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	8/2/99	53 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Machinist	Unknown	Point of Rocks, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ebon T.	Nettie Ingram

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes.	WW I	Unknown	Clin.Rec., Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) EXSANGUINATION IN GASTROINTESTINAL TRACT	Sudden
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) CARCINOMA OF TRANSVERSE COLON WITH FISTULA IN DUE TO THE STOMACH AND PEPTIC ULCER OF TUMOR.	Unknown
	(c)	

1537

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 29, 1952, to Jan. 21, 19 53, that I last saw deceased alive on

VA

[redacted] (SIGNATURE) (Degree or title) and that death occurred at 7:10 A.M., from the causes and on the date stated above.

WILLIAM B. VANDEGRIFT, M.D. — VAH, Fort Howard, Maryland (ADDRESS) — DATE SIGNED 1/21/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-23-53	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1/22/53 — REGISTRAR'S SIGNATURE: A. W. Delmuy M.A.

24. FUNERAL DIRECTOR — ADDRESS
Howard Blight Funeral Home, 6009 Harford Rd.
Baltimore, Maryland
Mildred T. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) appr. 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 531 Susquehanna Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 531 Susquehanna Rd

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) L. (Last) CARR

4. DATE OF DEATH: (Month) Jan. (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 22, 1880

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lithographer

10b. KIND OF BUSINESS OR INDUSTRY: Printing

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: ? ? Carr

14. MOTHER'S MAIDEN NAME: ? ? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ? ?

17. INFORMANT: Mrs Margaret J. Pilent - 531 Susquehanna Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 3 days

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 46, to 23 Jan, 1953, that I last saw the deceased alive on 23 Jan, 1953 and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE C. H. Reis. (Degree or title) M.D ADDRESS 6201 York Rd Balto 12 Md DATE SIGNED 24 Jan 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 1/26/53 — NAME OF CEMETERY OR CREMATORY Mt. Moriah Cem. — LOCATION (City, town, or county) Towson — (State) Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE Mabel Gray. cmc

24. FUNERAL DIRECTOR John A Moran per N.B.Lewis — ADDRESS 3000 E. Balto St

COPY SENT TO [illegible] DATE

RECEIVED
JAN 2
FBI - BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 300 Chatsworth Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon
STREET ADDRESS (If rural, give location) 300 Chatsworth Avenue

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) Carter

4. DATE OF DEATH: (Month) Jan (Day) 31 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug 27 1887

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret Equipment Operator

10b. KIND OF BUSINESS OR INDUSTRY: State Roads

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Carter

14. MOTHER'S MAIDEN NAME: Annie Kindell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-01-7595

17. INFORMANT AND ADDRESS: Mrs Richard Stem Glyndon Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic CV. Disease — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1948, to January 31, 1953, that I last saw the deceased alive on January 31, 1953, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 1/31/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb 4 1953

NAME OF CEMETERY OR CREMATORY: All Saints Cemetery

LOCATION (City, town, or county) (State): Reisterstown Md

DATE REC'D BY LOCAL REG.: 2-2-53

REGISTRAR'S SIGNATURE: Mary B. Kline

24. FUNERAL DIRECTOR ADDRESS: Wm Berryman & Sons Reisterstown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Catonsville
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena P.O.
STREET ADDRESS (If rural give location): Solley Road

3. NAME OF DECEASED: (Type or Print) (First) Arch (Middle) O. (Last) Chambers
4. DATE OF DEATH: (Month) Jan (Day) 20 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 12, 1877
9. AGE Last birthday: 75 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS/OR INDUSTRY: Cement.
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Allen Chambers
14. MOTHER'S MAIDEN NAME: Vinie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records (Spring Grove State Hosp)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 10 min - Years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, 1953, to Jan. 20, 1953, that I last saw the deceased alive on Jan. 20, 1953, and that death occurred at 6.45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): John P. Risley MD — ADDRESS: Spring Grove State Hospital Catonsville Md. — DATE SIGNED: 1-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 1/22/53 — NAME OF CEMETERY OR CREMATORY: GLEN HAVEN CEMETERY — LOCATION (City, town, or county) (State): ANNE ARUNDEL COUNTY MD

DATE REC'D BY LOCAL REGISTRAR: 1/21/53 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Wm. Cook Inc., 1217 St. Paul Street

17

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Timber Grove Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Timber Grove Road

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Caleb (Last) Chaney

4. DATE OF DEATH: (Month) Jan (Day) 26 (Year) 1953

5. SEX: M

6. COLOR OR RACE: ■

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July 21 1874

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Thomas Chaney

14. MOTHER'S MAIDEN NAME: Sarah Jane Duvall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Arthur Chaney Owings Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 11 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — 2 years

(c) Arteriosclerosis — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-30, 19..., to 1-26-53, 19..., that I last saw the deceased alive on 1-20-53, 19..., and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward A. Smith M.D. ADDRESS Reisterstown Md DATE SIGNED 1-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan 29 1953

NAME OF CEMETERY OR CREMATORY: Reisterstown Meth Cem

LOCATION (City, town, or county) (State): Reisterstown Md

DATE REC'D BY LOCAL REG. 1-28-53

REGISTRAR'S SIGNATURE Mary B. Sine.

24. FUNERAL DIRECTOR ADDRESS: Wm Berryman & Sons Reisterstown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: New Jersey — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bridgeton
STREET ADDRESS (If rural give location): Rockville Road, R. D. # 4

3. NAME OF DECEASED: (First) WILLIAM (Middle) J. (Last) CHARLTON
4. DATE OF DEATH: (Month) January (Day) 13 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	6-2-06	46 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Store manager
10b. KIND OF BUSINESS OR INDUSTRY: General Store
11. BIRTHPLACE (State or foreign country): Salem, New Jersey
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Charlton
14. MOTHER'S MAIDEN NAME: Daisy Dutch

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.: 142-09-4470
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) GLIOMA, RIGHT CEREBRUM — UNKNOWN
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-13-53
19b. MAJOR FINDINGS OF OPERATION: Cerebral Angiogram
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec.27, 1952, to Jan.13, 1953, that I last saw the deceased alive on [illegible] and that death occurred at 10:35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M.D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 1-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: ?
NAME OF CEMETERY OR CREMATORY: Fernwood Cemetery
LOCATION (City, town, or county) (State): Bridgeton, N. J.

DATE REC'D BY LOCAL REGISTRAR: Jan. 14-53
REGISTRAR'S SIGNATURE: Dawson L. Harber

24. FUNERAL DIRECTOR ADDRESS: Howard H. Hubbard Funeral Home, 2503 Edmondson Ave., Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 -51

1. PLACE OF DEATH:
COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 1½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 892½ W. Lombard St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Howard (Last) Childs

4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ———

8. DATE OF BIRTH: 10-9-48

9. AGE last birthday: 4 yrs. yrs.
IF UNDER 1 YEAR: Months ——— Days ———
IF UNDER 24 HRS.: Hours ——— Min. ———

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): patient

10b. KIND OF BUSINESS OR INDUSTRY: ———

11. BIRTHPLACE (State or foreign country): U.S.A.

12. CITIZEN OF WHAT COUNTRY? Citizen

13. FATHER'S NAME: Joseph Childs

14. MOTHER'S MAIDEN NAME: Margaret Cecilia Wilson Childs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ———
(If Yes, give war or dates of service) ———

16. SOCIAL SECURITY NO.: ———

17. INFORMANT & ADDRESS: Rosewood State Training School

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
491X Immediate cause	(a) Broncho-pneumonia - bilateral	11 days
~~DUE TO~~ Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) [redacted]	[redacted]
~~DUE TO~~	(c) microcephaly with cerebral defect	Congenital

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ———

19b. MAJOR FINDINGS OF OPERATION: ———

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ——— (CITY OR TOWN) ——— (COUNTY) ——— (STATE) ———
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? ———

22. I hereby certify that I attended the deceased from January 19 52, to Jan. 11 19 53, that I last saw the deceased alive on Jan. 10, 1953, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

SIGNATURE Viola B. Johns (DEGREE OR TITLE) M.D. ADDRESS Rosewood Owings Mills Md DATE SIGNED 1/11/53
Viola B. Johns

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Jan 13-53
NAME OF CEMETERY OR CREMATORY Rosewood Cem
LOCATION (City, town, or county) (State) Owings Mills Md

DATE REC'D BY LOCAL REG. 1-13-53
REGISTRAR'S SIGNATURE Mary B. Elline

24. FUNERAL DIRECTOR ADDRESS J. F. Eline & Sons, Reisterstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place): 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: BALTIMORE CITY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 221 N. Duncan St. ✓

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) (Last) Cibulka

4. DATE OF DEATH: (Month) 1 (Day) 24 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 4-24-71

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CZECHOSLOVAKIA

12. CITIZEN OF WHAT COUNTRY? U.S.A. ✓

13. FATHER'S NAME: MICHAEL CIBULKA

14. MOTHER'S MAIDEN NAME: MARY SVATORA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: FRANK J. Kolavik 1209 N. Milton Ave Baltimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

475X
Immediate cause (a) UPPER RESPIRATORY INFECTION — INTERVAL BETWEEN ONSET AND DEATH: 4 DAYS
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(153X) (c) Senility

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Colon ?

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Arthur M Hanson, M.D. Spring Grove State Hospital 1/24/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF 1-27-53 — NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER — LOCATION (City, town, or county) BALTIMORE (State) MD.

DATE REC'D BY LOCAL REG. 1/26/53 — REGISTRAR'S SIGNATURE ✓ — **24. FUNERAL DIRECTOR** P.R. CVACH & SON — ADDRESS 900 N. CHESTER ST.

DMK

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mary Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 9617 10th Ave (Carney Md.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Mary	G.	Coale	Jan	29	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	July 11 1909	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Public Housewife		Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm Bond	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	—	Otho S. Coale 9617-10 ave Carney Balto 34 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral metastases	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Melanocarcinoma	9 months
	(c)	

1904

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 27, 1951, to Jan 29, 1953, that I last saw the deceased alive on Jan 26, 1953, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. Fuller MD		Ridge Rd Baltimore 6	Jan 29/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 1-53	Bel Air Memorial Gardens	Bel Air	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/29/53	(S) Hedrick	C. E. Archer	Fork Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Butler
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Butler
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Richard (Last) Cole

4. DATE OF DEATH: (Month) 1 (Day) 2 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec 19, 1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmowner

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Balto Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hiadrack K Cole

14. MOTHER'S MAIDEN NAME: Rebecca Harris

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Charles Cole, Rf Butler, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) myocarditis, Chronic, Decompensated — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) arteriosclerosis — 5 years

DUE TO (c) hypertension — 5 years

4423+

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDINGS OF OPERATION ✓

20. AUTOPSY? No — Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ✓

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 1-1-30, to 1-2-53, that I last saw the deceased alive on 1-1-53, and that death occurred at 4 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel L. Lafell M.D. ADDRESS Reisterstown Md DATE SIGNED 1-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1-5-53 — NAME OF CEMETERY OR CREMATORY Black Rock — LOCATION (City, town, or county) Butler, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 1/5/53 — REGISTRAR'S SIGNATURE Wm. J. Elkcost

24. FUNERAL DIRECTOR J. Scott Brooks, Sparks, Md. ADDRESS

VS. A15

JAN 8 1953

ITEMS 8,9: film G 151 3-2-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River

LENGTH OF STAY (in this place): 5 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Duy Hall Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural give location): 4920 Belair Road

3. NAME OF DECEASED: (Type or Print) (First) Smaragde (Middle) (Last) Colides

4. DATE OF DEATH: (Month) 1 (Day) 31 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 3-15-1888 ~~1893~~

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chios, Greece

12. CITIZEN OF WHAT COUNTRY? Greece

13. FATHER'S NAME: Kyriakos Helios

14. MOTHER'S MAIDEN NAME: Zenoria Helios

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Manika Commenaris Sand

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cardiovascular Disease — UNKNOWN

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1952, to 1/31, 1953, that I last saw the deceased alive on 1/31, 1953, and that death occurred at 2:27 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Clatt, MD. ADDRESS 434 Eastern Ave. Essex Md. DATE SIGNED 1/31/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-3-53 — NAME OF CEMETERY OR CREMATORY: Greek Cemetery — LOCATION (City, town, or county) (State): Windsor Mill Md

DATE REC'D BY LOCAL REGISTRAR: 2/3/53 — REGISTRAR'S SIGNATURE: A. W. Frederick

24. FUNERAL DIRECTOR ADDRESS: Hambros Funeral Home Inc 440 E. North ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 98 Smithwood Ave. Wayne Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3956 Wilsby Ave.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) (Last) CONWAY
4. DATE OF DEATH: (Month) Jan. (Day) 19 (Year) 1953
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 19, 1866
9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Schelhouse
14. MOTHER'S MAIDEN NAME: Catherine ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Lillie M. Bristow-404 W. 36th St., Wilmington, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis.

(c) Hypertrophic Arthritis-Multiple Joint Involvement.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3d, 1952, to 19 Jan, 1953, that I last saw the deceased alive on 17 Jan, 1953, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. E. McGrath M.D. ADDRESS 1707 Edmondson Ave. Catonsville 28 Md. DATE SIGNED 19 Jan 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/22/53
NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 1/21/53
REGISTRAR'S SIGNATURE: a. w. Hedrick
24. FUNERAL DIRECTOR: Wm. J. Dickens & Sons ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) 1 3/4 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Codd Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 828 E. Joppa Road

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) EVA (Last) COOPER

4. DATE OF DEATH: (Month) January (Day) 20, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct. 10, 1884

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Harris

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Rev. Francis Cooper, Ashland, Ky.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 4 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952 to 20 Jan, 1953 that I last saw the deceased alive on 20 Jan, 1953 and that death occurred at 1930 h. m., from the causes and on the date stated above.

SIGNATURE C. H. Keen (Degree or title) M.D. ADDRESS 6701 York Rd Balto 12 Md DATE SIGNED 22 Jan 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan. 23, 1953

NAME OF CEMETERY OR CREMATORY: Trinity Episcopal Cem.

LOCATION (City, town, or county) (State): Long Green, Balto. Co. Md.

DATE REC'D BY LOCAL REG. 1/22/53

REGISTRAR'S SIGNATURE C. W. Herbert

24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Md. ADDRESS

J1

Film G150, Item #9, 1/16/53, mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 51

1. PLACE OF DEATH: OWINGS MILLS
   COUNTY: BALTIMORE — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PIKESVILLE
   LENGTH OF STAY (in this place): since 1918
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: ROSEWOOD ST. TR. SCHOOL OWINGS MILLS, MD

2. USUAL RESIDENCE (HOME) OF DECEASED: ROSEWOOD ST. TR. SCHOOL, OWINGS MILLS
   STATE: MD — COUNTY: BALTIMORE
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PIKESVILLE MD
   STREET ADDRESS (If rural, give location): ROSEWOOD, OWINGS MILLS, MD

3. NAME OF DECEASED: (First) REBECCA (Middle) MARY (Last) COURSEY

4. DATE OF DEATH: (Month) JAN. (Day) 1 (Year) 19 53

5. SEX: fem.

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 10/8/1889

9. AGE last birthday: 64/ 63 yrs.
   IF UNDER 1 YEAR: Months / Days
   IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CENREVILLE MD

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: RALPH T. COURSEY

14. MOTHER'S MAIDEN NAME: MARY FLORENCE EWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
    (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NO

17. INFORMANT & ADDRESS: ROSEWOOD ST. TR. SCHOOL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420 Immediate cause (a) CORONARY THROMBOSIS, ARTERIO SCLEROTIC HEART DIS — Interval Between Onset and Death: at least

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ARTERIO SCLEROTIC HEAR DISEASE — 4 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: NO

(CITY OR TOWN): OWINGS MILLS (COUNTY): BALTIMORE (STATE): MD

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9, 19 52, to 1/1, 19 53, that I last saw the deceased alive on 12/23, 19 52, and that death occurred at 9 45 m., from the causes and on the date stated above.

SIGNATURE: DR. D. GOSTIMIROVICH (DEGREE OR TITLE) ASSISTANT PHYSICIAN OF ROSEWOOD ST. TR. SCHOOL (ADDRESS) DATE SIGNED 1/1/53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 1/5/53 — NAME OF CEMETERY OR CREMATORY: University Med School — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 1/8/53 — REGISTRAR'S SIGNATURE: A. F. Hedrich per

24. FUNERAL DIRECTOR: Frances A Hennely — ADDRESS: 578 W Biddle St

Embalmed Jan. 5, 1953 Univ. Md. Thes. Sch. Bacl — The anatomy Board of Maryland

M Brampton, Secy.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Parkville — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 7817 Chestnut Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) ☒R TOWN Parkville

STREET ADDRESS (If rural, give location) 7817 Chestnut Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
FRED	M.	CRAMER	January 13, 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Feb. 1, 1883	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Ret.	Del. Store Keeper	West Virginia	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John H. Cramer	Mary E. Churchill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Mabel A. Cramer, 7817 Chestnut Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Chronic Nephritis	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic C. V. Disease	
DUE TO		
	(c)	

422.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 19 53, to Jan. 13, 19 53, that I last saw the deceased alive on Jan. 14, 19 53, and that death occurred at 6:10 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Nathan Janney M.D.	710 Harford Rd.	1/13/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	1/15/53	Moreland Park Cemetery	Parkville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/14/53	Alw. Hedrick	Wm. Cook, Inc.	1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2 mos. 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY AnnArundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendship
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sadie (Middle) A. (Last) Crandell
4. DATE OF DEATH: (Month) January (Day) 14, (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	9-5-1870	82 yrs.				

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph N. Crandell
14. MOTHER'S MAIDEN NAME: Eliza Howard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause	(a) Cardio-respiratory failure	5 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteriosclerotic heart disease	Years
	(c) DUE TO Generalized arteriosclerosis	Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile arteriosclerotic nephrosclerosis	Years

42.9

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-23-52 to 1-14-53, that I last saw the deceased alive on 1-14-53, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B. Herrmann-Greene MD
ADDRESS Spring Grove State Hospital Catonsville 28, Maryland
DATE SIGNED 1-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/16/53
NAME OF CEMETERY OR CREMATORY Friendship
LOCATION (City, town, or county) [redacted] (State)

DATE REC'D BY LOCAL REGISTRAR 1-15-53
REGISTRAR'S SIGNATURE V.E. Harry
24. FUNERAL DIRECTOR Harry Hnilitzke
ADDRESS 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) 6 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Rest Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 230 Mallow Hill ave

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Carroll (Last) Brew

4. DATE OF DEATH: (Month) Jan. (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9-26-1884

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Patent Consultant

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Patent Off

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William J. Brew

14. MOTHER'S MAIDEN NAME: Ida E. Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. M. Elsie Brew 230 Mallow Hill ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 wk.
Antecedent cause (a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Hypertension Cardio-Vascular Disease	7 yrs.
260X	(c) Diabetes Mellitus	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-30, 1952, to 1-30, 1953, that I last saw the deceased alive on 1-30, 1953, and that death occurred at 2.15P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wilson K. Gallogly M.D. Catonsville-28, Md. 1-31-53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 2-2-1953

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 2/2/53

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Geo. L. Beyer Jr. ADDRESS: 1512 Hollins St Balto. 23 Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE WRITE PLAINLY IN UNFADING INK. Every item of information should be carefully supplied and correct age is especiant. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Doyle D. Dance

2. DATE OF DEATH: 1-9-53

3. PLACE OF DEATH: A. Baltimore City. Maryland Parkville

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Balto. County 8302 Wilson Ave.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Balto.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md. Parkville
D. STREET ADDRESS (If rural, give location): 8302 Wilson ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	White	Married	1-28-1910	44	11	11		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): self employed-Bristow
10B. KIND OF BUSINESS OR INDUSTRY: Accounting
11. BIRTHPLACE (State or foreign country): Danville Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William R. Dance
14. MOTHER'S MAIDEN NAME: Kate Bawden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-03-0054
17. INFORMANT: Mrs Viola H. Dance ADDRESS: 8302 Wilson Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Coronary Thrombosis
DUE TO

ANTECEDENT CAUSES
420.1
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

22. *I hereby certify that I attended the deceased from* 1-9, 19 53 *to* 1-9, 19 53 *that I last saw the deceased alive on* 1-9, 19 53 *and that death occurred at* 9:45 A m., *from the causes and on the date stated above.*

23A. SIGNATURE AND M. D.: Frank T. Park, M.D.
23B. ADDRESS: 1705 Hanover
23C. DATE SIGNED: 1-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1-12-53
24C. NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Park
24D. LOCATION (City, town, or county) (State): Salisbury, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 1-19-53
REGISTRAR'S SIGNATURE: A. E. Hedrick M.D.
25. FUNERAL DIRECTOR: Leonard J. Luck
ADDRESS: 5305 Harford Rd Balto. 14, Md

VS. A15

VS. 150

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas | LENGTH OF STAY (in this place) 1 yr. 10 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Stanislaus (Last) Danowski
4. DATE OF DEATH: (Month) Jan. (Day) 2 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: April? 1889
9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frank Danowski
14. MOTHER'S MAIDEN NAME: Victoria unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Stella Salkowski 2727 Hudson St Balto 14

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434?

Immediate cause (a) Cardiac decompensation — 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic cor pulmonale — years
(c) Chronic bronchitis + emphysema — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1951., to Jan., 1953., that I last saw the deceased alive on Dec 31, 1952, and that death occurred at 4 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Elizabeth B. Sherrill, M.D. | Cockeysville, Md. | 1/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 1/5/53 | NAME OF CEMETERY OR CREMATORY St. Stanislaus Cem. | LOCATION (City, town, or county) (State) Baltimore City, Md.

DATE REC'D BY LOCAL REG. Jan 2/53 | REGISTRAR'S SIGNATURE Wm. J. Christoph | 24. FUNERAL DIRECTOR ADDRESS Stephen J. Fialkowski 1100 E. Lombard

Removed the

RECEIVED
JAN 6 1953
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS 1803 Snyder Ave (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) Irene (Last) Deitz

4. DATE OF DEATH: (Month) Jan (Day) 16 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept 27 1874

9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm J Masenheimer

14. MOTHER'S MAIDEN NAME: Elizabeth Darr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Geo T Marshall 1803 Snyder Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Pneumonia — Interval between onset and death: 10 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic C.V. Disease — Interval between onset and death: -

(c)

4321

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952, to Jan 16, 1953, that I last saw the deceased alive on Jan 15, 1953, and that death occurred at 1:15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stephen P. Mockonnell M.D. 6714 Holabird Ave 1/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan 19 1953 — NAME OF CEMETERY OR CREMATORY: Mt Olivet — LOCATION (City, town, or county) (State): Randallstown Md

DATE REC'D BY LOCAL REG.: Jan. 17, 1953. — REGISTRAR'S SIGNATURE: William M. Kelly

24. FUNERAL DIRECTOR ADDRESS: Ullrich Funeral Home 2112 Dundalk Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenwood
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Granite Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenwood
STREET ADDRESS (If rural give location) Granite Road.

3. NAME OF DECEASED: (Type or Print) (First) Elmira (Middle) H. (Last) Dell

4. DATE OF DEATH: (Month) Jan. (Day) 9 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 22, 1882

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Hartman

14. MOTHER'S MAIDEN NAME: Caroline — ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs Vernon Lott - Granite, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac thrombosis

420 1

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

Interval Between Onset And Death: 1 hr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/9/ ,1953 to 1/9/ ,1953 that I last saw the deceased alive on 1/9/ ,1953, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. E. Martin, M.D. ADDRESS Randallstown Md DATE SIGNED 1/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF 1-12-53
NAME OF CEMETERY OR CREMATORY Weeks Chapel
LOCATION (City, town, or county) (State) Baltimore Co., Md.

DATE REC'D BY LOCAL REGISTRAR 1/9/53
REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR Dell & Haight - Upperville, Md.
ADDRESS
Luther H. Haight

JAN 10
U. S.

Item 9 Film G150 2/5/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Essex
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Back River Neck Road.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural give location): Back River Neck Road

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E (Last) Dennis

4. DATE OF DEATH: (Month) Jan (Day) 28 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Jan 29 1869

9. AGE Last birthday: 83 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto. County Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robt Jaylor

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Robert E Dennis Back River Neck Rd.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary Occlusion	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arterio - Sclerosis	3 years
	DUE TO (c) Hypertension	2.
II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

420.1

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Jan 28, 1953, that I last saw the deceased alive on Jan 28, 1953, and that death occurred at 5 a., from the causes and on the date stated above.

SIGNATURE: Morris A. Jacobs (Degree or title) M.D. ADDRESS: 1010 Mark Point Rd DATE SIGNED: 1/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 31/53 — NAME OF CEMETERY OR CREMATORY: St Stephens Cemetery — LOCATION (City, town, or county) (State): Essex Md.

DATE REC'D BY LOCAL REGISTRAR: 2/2/53 — REGISTRAR'S SIGNATURE: A. W. Hedgpeth — 24. FUNERAL DIRECTOR: Mrs. Robert E Everett & Daughter — ADDRESS: 1129 N. Caroline St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ... ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNG INK. Every item of information should be carefully supplied. T correct age is especially important. Its: please write the causes of death clearly and legibly.

IN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Nellie G. Derr

2. DATE OF DEATH: 1-25-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland Catonsville
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 612 Coleraine Rd.
c. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
D. STREET ADDRESS (If rural, give location): 612 Coleraine Rd.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct. 9, 1876
9. AGE (In years last birthday): 76 — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Shephard
14. MOTHER'S MAIDEN NAME: Catherine Murray
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO
17. INFORMANT — ADDRESS: Mr. Frank M. Derr-612 Coleraine Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis of bone — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-25, 1953, *to* 1-25, 1953, *that I last saw the deceased alive on* 1-25, 1953, *and that death occurred at* 12:15 *A.m., from the causes and on the date stated above.*

23A. SIGNATURE: Jerome Gaber, M. D.
23B. ADDRESS: 1104 E. Coldspring Lane
23C. DATE SIGNED: 1-25-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/28/53
24C. NAME OF CEMETERY OR CREMATORY: Western Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: Jan 23 1953
REGISTRAR'S SIGNATURE: C. C. Hetrick
25. FUNERAL DIRECTOR: Wm. J. Widener & Sons
ADDRESS

VS 150

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY. MARGIN RESERVED FOR BINDING. UNFADING INK. Every item of information should be carefully supplied. The correct age is especial Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): Isiah Dixon, Sr.

2. DATE OF DEATH: January 6, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore Co.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5934 Old Frederick Road
c. Length of stay in Baltimore: Life (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.
D. STREET ADDRESS (If rural, give location): 5934 Old Frederick Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	C	M	December 14, 1897	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed
10B. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Anthony Dixon
14. MOTHER'S MAIDEN NAME: Annie Demby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Evelyn Dixon ADDRESS: 5934 Old Frederick Road

CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) UREMIA
DUE TO
(B) CHRONIC NEPHROSCLEROSIS
DUE TO
(C) CHRONIC MALIGNANT HYPERTENSION

INTERVAL BETWEEN ONSET AND DEATH

446X ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
26.X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DIABETES MELLITUS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY?

22. I hereby certify that I attended the deceased from 10/25, 1952 to 1/6, 1953 that I last saw the deceased alive on 1/2, 1953, and that death occurred at 6:00 Am., from the causes and on the date stated above.

23A. SIGNATURE: Samuel P. Scalia M. D.
23B. ADDRESS: Pikesville 8, Md.
23C. DATE SIGNED: 1/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 10, 1953
24C. NAME OF CEMETERY OR CREMATORY: Arbutus Mem. Pk, Inc.
24D. LOCATION (City, town, or county) (State): Arbutus, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 8-1953
REGISTRAR'S SIGNATURE: Hunter Williams M.D.
25. FUNERAL DIRECTOR ADDRESS: Geo.G. Kelson 1303 Presstman St.

VS 150
1-12-53
Victor E. Harvey M.D.
Geo. G. Kelson

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2118 Westchester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28.
STREET ADDRESS (If rural, give location) 2118 Westchester Avenue

3. NAME OF DECEASED (Type or Print): (First) KATE (Middle) ALICE (Last) DONALDSON

4. DATE OF DEATH: (Month) January (Day) 25, (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 22, 1869.

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Knott

14. MOTHER'S MAIDEN NAME: Jane Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. William T. Zepp, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema — 6 hrs

260 X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive - Cardio - Vascular - Renal Disease — 5 yrs.?

(c) Diabetes — 5 yrs.?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.18, 19[illegible], to 1.25, 1953, that I last saw the deceased alive on 1.25, 1953, and that death occurred at 10:30 m., from the causes and on the date stated above.

SIGNATURE Victor E Urban (Degree or title) M.D. ADDRESS 805 53rd Ave 28 Md DATE SIGNED 1.25.53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan. 28, 1953. | NAME OF CEMETERY OR CREMATORY: St. John's Cemetery | LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG. 1-27-53 | REGISTRAR'S SIGNATURE: Victor E. Harry

24. FUNERAL DIRECTOR: Easton Sons, Catonsville 28, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 61

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place): 34yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRING GROVE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): unknown

3. NAME OF DECEASED: (First) ELIZABETH (Middle) (Last) DUFFY

4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: unknown

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Record Spring Grove State Hosp. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause — (a) Cardio-respiratory failure — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Generalized arteriosclerosis — years

DUE TO (c) Senility — years

430.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6:20 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Virginia Huffer, M.D. Spring Grove Hospital, Catonsville 1-13-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 1/30/53

NAME OF CEMETERY OR CREMATORY: London Park

LOCATION (City, town, or county) (State): 3100 Frederick Ave

DATE REC'D BY LOCAL REG. 1-30-53

REGISTRAR'S SIGNATURE: C.E. Harry

24. FUNERAL DIRECTOR — ADDRESS

Harry Hentzke — 4101 Edmondson Ave

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9131 Ridge Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 9131 Ridge Avenue

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) E. (Last) ETHERTON
4. DATE OF DEATH: (Month) January (Day) 16, (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	Sept. 18, 1893	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Baltimore County, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Oliver Stonesifer
14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Francis J. Etherton, 9131 Ridge Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420 Immediate cause (a) Coronary thrombosis

DUE TO (b) Cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/15, 19 52 to 1/16, 19 53, that I last saw the deceased alive on 1/16, 19 53 and that death occurred at 10:20 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Louis J. Pratt, M.D. ADDRESS 8402 Belmont Ave DATE SIGNED 1/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 1/20/53
NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
LOCATION (City, town, or county) (State) Baltimore County, Maryland

DATE REC'D BY LOCAL REG. 1/19/53
REGISTRAR'S SIGNATURE A W Hedges
24. FUNERAL DIRECTOR Wm. Cook, Inc.,
ADDRESS 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Recedo-Knoll Nursing Home Paradise Ave. & Maiden Choice Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) formerly of 2102 Chelsea Terr.

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) K. (Last) EVANS
4. DATE OF DEATH: (Month) Jan. (Day) 15, (Year) 1953
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: (?) May 29 - 1883
9. AGE last birthday: 69 (about) yrs. | IF UNDER 1 YEAR: Months | IF UNDER 24 HRS.: Days | Hours | Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): unknown
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Elijah P. Evans
14. MOTHER'S MAIDEN NAME: Margaret Mister
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Mrs. Ella Towner - 4801 Wrenwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ... acute Cardiac failure ... DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... Hypertensive Cardio Vascular disease ... DUE TO

(c) Senility

Interval Between Onset And Death:
(a) ? Day
(b) ? yrs
(c) ? yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1952, to Jan. 15, 1953, that I last saw the deceased alive on Jan 14 1953, and that death occurred at ..., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Geo. McKieffer MD 1010 Leadenhall Balto Md Jan 15 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/17/53
NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE RECD BY LOCAL REGISTRAR January 17. 1953
REGISTRAR'S SIGNATURE RW

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons
ADDRESS Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; MARYLAND; LENGTH OF STAY (in this place) 33 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 Linden Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; STREET ADDRESS (If rural, give location) 11 Linden Terrace

3. NAME OF DECEASED (Type or Print): (First) Beatrice (Middle) Elizabeth (Last) Fairley

4. DATE OF DEATH: (Month) 1 (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 8-1874

9. AGE last birthday: 78 yrs. If under 1 year: Months —; Days —; If under 24 hrs.: Hours —; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Fairley

14. MOTHER'S MAIDEN NAME: Rose Gettier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Helen G. Seibold - 11 Linden Terrace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis — Interval Between Onset and Death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Urinary infection — 3-4 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1953, to Jan 4, 1953, that I last saw the deceased alive on Jan 4, 1953, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T E E Nichols — ADDRESS Pikesville Md — DATE SIGNED 1-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1-7-1953 — NAME OF CEMETERY OR CREMATORY Druid Ridge — LOCATION (City, town, or county) (State) Pikesville, Maryland

DATE REC'D BY LOCAL REG. 1-6-53 — REGISTRAR'S SIGNATURE T E E Nichols — 24. FUNERAL DIRECTOR Frank H. Neuerl - Pikesville — ADDRESS Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ..

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Towson
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 163 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balti.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 163 Main St.

3. NAME OF DECEASED: (First) George (Middle) Faith (Last)
4. DATE OF DEATH: (Month) 1 (Day) 11 (Year) 1953.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7 18 1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months – Days – IF UNDER 24 HRS. Hours – Min. –

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Machinist
10b. KIND OF BUSINESS OR INDUSTRY: B&O RR
11. BIRTHPLACE (State or foreign country): Towson Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Faith
14. MOTHER'S MAIDEN NAME: Maria Kay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) –
(If Yes, give war or dates of service) –
16. SOCIAL SECURITY No.: –
17. INFORMANT & ADDRESS: Mrs Willie E. Faught #181 Dean St Towson Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
154X
Immediate cause (a) Carcinoma of rectum — Interval Between Onset And Death 1 yr
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Fecal Carcinoma stoma 6 mo
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fistula in ano — 1074

19a. DATE OF OPERATION: Dec 9 53 — 19b. MAJOR FINDINGS OF OPERATION Autopsy / Carcinoma of Rectum — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 3, 1952, to Jan 11, 1953, that I last saw the deceased alive on Jan 10 1953, and that death occurred at 7 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Dr. [illegible] ADDRESS 609 Main St DATE SIGNED 1/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1/14/53 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) Baltimore (State) Md.
DATE REC'D BY LOCAL REGISTRAR 1/12/53 — REGISTRAR'S SIGNATURE [signature] DMR
24. FUNERAL DIRECTOR John F. Ireland Son 901 Bolton St. — ADDRESS

3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1211 Francis Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 1211 Francis Ave.

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) Fankhanel (Last)

4. DATE OF DEATH (Month) Jan. (Day) 27 (Year) 53

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow | 8. DATE OF BIRTH Nov. 10, 1865 | 9. AGE Last birthday 87 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W. | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) Balto. Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME > Schwemmer | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Henry O. Fankhanel, 1810 Winnans Ave

18. MEDICAL CERTIFICATION — Halethorpe, Md.

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic C.V.D.

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Hypertrophy

(c) Acute Pulmonary Edema.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 19 52, to 1/27, 19 53, that I last saw the deceased alive on 1/27, 19 53 and that death occurred at 10 10 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John C. Healy M.D. 1605 A. Rolling Rd 1/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Jan. 29/53 | NAME OF CEMETERY OR CREMATORY Meadowridge | LOCATION (City, town, or county) (State) Dorsey Md.

DATE REC'D BY LOCAL REG. 1/29/53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR ADDRESS Harry A. Mintzke, 4101 Edmondson Ave

JMK

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5827 1/2 Rear Westwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 5827 1/2 Westwood Ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) FICK

4. DATE OF DEATH: (Month) Jan (Day) 31 (Year) 1953

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Nov. 6 1887

9. AGE last birthday 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Pa. R.R. Employee

11. BIRTHPLACE (State or foreign country) Balto. City

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 717-07-7761

17. INFORMANT Mrs. Wm Fick 5827 1/2 Rear Westwood Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Hemorrhage — Interval Between Onset and Death: instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Arteriosclerotic Heart Disease — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/26, 1953, to 1/31, 1953, that I last saw the deceased alive on 1/31, 1953, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. T. J. Hopkins M.D. 5829 Edain Ave 2/1/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 2/3/53 — NAME OF CEMETERY OR CREMATORY Oak Hill Cem — LOCATION (City, town, or county) Balto — (State) Md

DATE REC'D BY LOCAL REG. F.M. 3-1953 — REGISTRAR'S SIGNATURE Mrs. A. L. Rufsnider

24. FUNERAL DIRECTOR — ADDRESS Lacoples Funeral Home 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. Co. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Co. — LENGTH OF STAY (in this place) Life — HOSPITAL OR INSTITUTION OR STREET ADDRESS 4209 Fullerton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Balto. Co. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — STREET ADDRESS (If rural give location) 4209 Fullerton Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNA	R	FINK	JAN	28	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	Dec 10. 1890	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	At Home	Balto City MD	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Philip L Brady	Rosa Reinhold.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	—	Mrs Anna R. Fink

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	1 day
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Hypertensive Disease	5 years
	(c) Arterio Sclerosis	5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from January 4., 1948., to 28 January 1953., that I last saw the deceased alive on 28 January., 1953., and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Michael J. Dausch	M.D.	4636 Belair Rd	1/29/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	JAN 31. 1953	Western Cem.	Balto. City	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 29 '53	Mary A. L. Reifsnider	Lassahn Funeral Home	7401 Belair Rd Balto. 6. MD.

(2)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 11

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Fusting Ave House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY ~~Balto.~~

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 511 Lyndhurst St.

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) J. (Last) Forler

4. DATE OF DEATH: (Month) Jan (Day) 31 (Year) 19 53

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan. 10, 1872

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N.A.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Montgomery

14. MOTHER'S MAIDEN NAME: Jane Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Raymond Wright, 42 N. Horley St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
445X Immediate cause	(a) Myocardial Decompensation	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic Hypertensive Cardio-Vascular Disease DUE TO	10 yr.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10, 1951, to 1-31, 1953, that I last saw the deceased alive on 1-30, 1953, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Wilmer K. Gallagher M.D. Catonsville 28, Md. 1-31-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Feb. 3 1953

NAME OF CEMETERY OR CREMATORY: Bethel Presby. Church

LOCATION (City, town, or county) (State): Jarrettsville Md.

DATE REC'D BY LOCAL REG.: 2/3/53

REGISTRAR'S SIGNATURE: A. M. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Harry A. Mintzer 101 Edmondson Ave.

MA-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonville
LENGTH OF STAY (In this place): 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Nursing Home House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 1728 Bolton St.

3. NAME OF DECEASED (Type or Print): (First) Nelson (Middle) M. (Last) Fox

4. DATE OF DEATH: (Month) Jan (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 21 1887

9. AGE last birthday: 65 yrs. If under 1 year: Months 10 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Live Stock Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Meat

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Fox

14. MOTHER'S MAIDEN NAME: Sadie Springer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-01-7221

17. INFORMANT: Mrs. Leroy Katz, Temple Garden Apts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Thrombosis — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. coronary, Insufficiency — Years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1935, to Jan 30, 1953, that I last saw the deceased alive on Jan 27, 1953, and that death occurred at 6 17 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr Barnard Cohen — ADDRESS: Marlboro — DATE SIGNED: 1/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb 1 1953 | NAME OF CEMETERY OR CREMATORY: Baltimore Hebrew Cem. | LOCATION (City, town, or county) (State): Belair Rd. Baltimore Md.

DATE RECD BY LOCAL REG.: 1/31/53 | REGISTRAR'S SIGNATURE: A. W. Hahn | 24. FUNERAL DIRECTOR: David R. Martin | ADDRESS: 1902 Eutaw Place Balti., Md.

David R Martin

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 18

1. PLACE OF DEATH:
COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lock Raven Village
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1950 Edgewood Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lock Raven Village
STREET ADDRESS (If rural give location) 1950 Edgewood Road

3. NAME OF DECEASED: (Type or Print) (First) C. (Middle) RAYMOND (Last) FRAY

4. DATE OF DEATH: (Month) JAN. (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10 - 3 - 1891

9. AGE last birthday: 61 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Erection Supt:

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Fray

14. MOTHER'S MAIDEN NAME: Christine Cassell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-6118

17. INFORMANT & ADDRESS: M. Anne Fray-1950 Edgewood Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ruptured aortic aneurysm, abdominal DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: (a) 1 year (b) Unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURED While at Work ☐ Not While At Work ☐ None

HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Jan. 1, 1953, to Jan. 30, 1953, that I last saw the deceased alive on Jan. 17, 1953, and that death occurred at 8:20 P.M. from the causes and on the date stated above.

SIGNATURE J. Carl Myers M.D. (Degree or title)

ADDRESS 1401 E. Cold Spring Lane/15 (State)

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Feb: 3/1953

NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

LOCATION (City, town, or county) Maryland

DATE REC'D BY LOCAL REGISTRAR 2/7/53

REGISTRAR'S SIGNATURE C. W. Hutchins

24. FUNERAL DIRECTOR F. B. Wippert & Son

ADDRESS F. B. WIPPERT & SON 1300 EUTAW Pl. 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 38 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Spring Grove State Hosp

3. NAME OF DECEASED (Type or Print): (First) Wilhelmina (Middle) — (Last) Wagner

4. DATE OF DEATH: (Month) Jan (Day) 13 (Year) 1953

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single — 8. DATE OF BIRTH: 1879? — 9. AGE last birthday: 74? yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none — 10b. KIND OF BUSINESS OR INDUSTRY: none — 11. BIRTHPLACE (State or foreign country): Ant Germ — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown — 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Rec'd fr Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremic poison

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Cardiac failure

(c) Fracture right humerus and fracture left femur

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN) Catonsville — (COUNTY) Balto — (STATE) Md

TIME OF INJURY: (Month) Jan 6 (Day) 53 (Year) (Hour) 7-15 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? In bath room Fell on floor In fall out of bed on floor

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Jos M Kieffer MD Deputy Coroner Balto Co 1010 Ludeman Jany 13 53

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 1/14/53 — NAME OF CEMETERY OR CREMATORY: University Med School — LOCATION (City, town, or county) (State): Balto County Md

DATE REC'D BY LOCAL REG. 1-14-53 — REGISTRAR'S SIGNATURE: V E Harry — FUNERAL DIRECTOR — ADDRESS: Frances A Hemsley 578 W Baltimore

Item 18 Film 3151 2-3-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arco Acres
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Compass Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arco Acres
STREET ADDRESS (If rural, give location) 12 Compass Rd

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
ROBERT B. FRIESLAND	Jan 30 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	May 29-1937	15 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	School boy	N. Carolina	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Earnest V. Friesland	Arnie Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	none	Earnest Friesland (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491X

Immediate cause — (a) ~~Pneumonia~~

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Pulmonary Infection

DUE TO

(c) Probably inspiration pneumonia and lung abscess.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Whole life spent in bed because of birth trauma.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Jan 20, 1953 to Jan 30, 1953 that I last saw the deceased alive on Jan 30, 1953 and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Marion L. Rombro	M.D.	805 Emerson Ave	

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-2-53	Blair Memorial Cem.	Blair Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
February 1, 1953	Edith Hurley	John J. Connelly	113 Eastern Ave Balto 21 Md.

VS. A15

Rombro, M.J.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18,

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNG INK. Every item of information should be carefully supplied. If correct age is especially important. Is: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

IN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): MRS LORETTA GAUVIN

2. DATE OF DEATH: JAN-19/53

3. PLACE OF DEATH
A. Baltimore City or Maryland: MERCY VILLA
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY VILLA BELLONA AVE
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTO.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 222 DONNYBROOK LANE
D. STREET ADDRESS (If rural, give location): 222 DONNY BROOK LANE

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MARCH 8, 1905
9. AGE (In years last birthday): 47
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): CANADA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JEROME MARTIN
14. MOTHER'S MAIDEN NAME: MARY CHAISON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS: DECEASED. 222 DONNYBROOK

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) CARCINOMA OF RT OVARY — INTERVAL BETWEEN ONSET AND DEATH: 4 MONTHS
DUE TO
(B) CARCINOMA OF RT OVARY
DUE TO
(C) LIVER & INTESTINAL METASTS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

175

19A. DATE OF OPERATION: 10/17/52
19B. MAJOR FINDINGS OF OPERATION: METASTISES to LIVER and INTESTINES
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: 0
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): 0
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 0
21D. TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from 10/9, 1952 to 1/19, 1953 that I last saw the deceased alive on 1/19, 1953, and that death occurred at 10.45 PM from the causes and on the date stated above.

23A. SIGNATURE: Frank K. Morris, M. D.
23B. ADDRESS: 11 E. CHASE ST
23C. DATE SIGNED: 1/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 1/23/53
24C. NAME OF CEMETERY OR CREMATORY: MORELAND PARK CEMETERY
24D. LOCATION (City, town, or county) (State): PARKVILLE, MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR: 1/20/53
REGISTRAR'S SIGNATURE: A W Hedrick
25. FUNERAL DIRECTOR ADDRESS: Wm. Cook, Inc., 1217 ST. PAUL STREET

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanover Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balti...ore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Hanover Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) L (Last) Gittere
4. DATE OF DEATH (Month) (Day) (Year): Jan. 1, 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: June 21, 1891
9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker at Inn
10b. KIND OF BUSINESS OR INDUSTRY: Tavern
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Sarah Bell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-05-2533
17. INFORMANT AND ADDRESS: Mrs. Mary Gittere 2138 Brookfield Ave Baltimore 17, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	18 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Artery Disease	2 yrs.
	(c) Hypertensive C-V. Disease	4 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bilateral Inguinal Hernia	30 yrs.

19a. DATE OF OPERATION: None.
19b. MAJOR FINDINGS OF OPERATION: None.
20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): None.
TIME OF INJURY (Month) (Day) (Year) (Hour): None. m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 8-25, 1948, to 1-1, 1953, that I last saw the deceased alive on 12-31, 1952, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE: D. D. Caples
(Degree or title): M.D.
ADDRESS: Reisterstown, Md
DATE SIGNED: 1-2-53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Jan. 4, 1953
NAME OF CEMETERY OR CREMATORY: Reisterstown Methodist
LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG. 1-3-53
REGISTRAR'S SIGNATURE: Mary B. Eline.
24. FUNERAL DIRECTOR: J.F. Eline & Sons, Reisterstown, Md.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 61

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5 mos. 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 14
STREET ADDRESS (If rural, give location) 7409 Park Drive

3. NAME OF DECEASED: (Type or Print) (First) Lydia (Middle) Florence (Last) Gladfelter

4. DATE OF DEATH: (Month) Jan (Day) 20 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: October 11, 1867

9. AGE last birthday: 85 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None (Housewife)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Masimer

14. MOTHER'S MAIDEN NAME: Catherine Homemaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure & hypostatic congestion of lungs	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease	Years
	DUE TO (c) Generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic fibrosis of lungs due to undetermined cause Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13-52, to 1-20-53, that I last saw the deceased alive on 1-20-53, 1953, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE Ethel B. Hermann-Greer M.D. (DEGREE OR TITLE) ADDRESS Spring Grove State Hospital Catonsville 28 Maryland — DATE SIGNED 1-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Jan 24-1953 — NAME OF CEMETERY OR CREMATORY Druid Ridge — LOCATION (City, town, or county) Pikesville — (State) Maryland

DATE REC'D BY LOCAL REG. 1/23/53 — REGISTRAR'S SIGNATURE a w Hedrick

24. FUNERAL DIRECTOR Burdgee Funeral Home — ADDRESS 3631 Falls Road
Horace F. Burdgee

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 21

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) W. (Last) GRAY

4. DATE OF DEATH: (Month) January (Day) 29 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-18-92

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Sawmill Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oakville, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Gray

14. MOTHER'S MAIDEN NAME: Doris Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16 SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE	UNKNOWN
	DUE TO (c)	

434.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan.17 ,1953 , to Jan.29 , 1953 , [redacted], and that death occurred at 2:35 AM , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, MD., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 1-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Feb. 1 1953 NAME OF CEMETERY OR CREMATORY Valley Lee LOCATION (City, town, or county) Oakville (State) Maryland

DATE REC'D BY LOCAL REGISTRAR JAN 29 1953 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS Joseph C. Mattingly Funeral Home Leonardtown, Maryland

2-2-53 a. B. Hedrick mbm

VS. A15

eNo

COPY SENT TO LCC — Date 2-2-52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE
LENGTH OF STAY (In this place) 38 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6803 NORTH PT. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE R 11
STREET ADDRESS (If rural, give location) 6803 North Pt. Rd.

3. NAME OF DECEASED (Type or Print): (First) JACOB (Middle) NEWTON (Last) WEAVER

4. DATE OF DEATH: (Month) 1 (Day) 31 (Year) 1953

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH 3-16-1877

9. AGE last birthday 75 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONDUCTOR

10b. KIND OF BUSINESS OR INDUSTRY RAILROAD

11. BIRTHPLACE (State or foreign country) VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME UNK.

14. MOTHER'S MAIDEN NAME UNK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-10-9702

17. INFORMANT AND ADDRESS ETSIL JACKSON - 6803 NORTH PT. Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Insufficiency	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	8 yrs
420.1	(c) Arteriosclerotic H.D.	4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Jan 31, 1953, that I last saw the deceased alive on Jan 31, 1953, and that death occurred at 9:- A m., from the causes and on the date stated above.

SIGNATURE James G. Means (Degree or title) MD ADDRESS 520 D ST. DATE SIGNED 2/2/53

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE THEREOF 2-2-53 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Feb 2-1953 | REGISTRAR'S SIGNATURE William M Kelly | 24. FUNERAL DIRECTOR | ADDRESS

2/4/53 Dawson Parker-Crem

Item 9 FilmG151 3/2/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS Douglas Mem. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Balto. COUNTY Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. City
STREET ADDRESS (If rural, give location) 714 Edmondson ave.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) W. (Last) Green

4. DATE OF DEATH: (Month) 1 (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-6-1873

9. AGE last birthday: 80 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Iron Works

11. BIRTHPLACE (State or foreign country): Durham N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wm. L. Green 704 Edmondson ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Mitral Insufficiency	2 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Hypertensive Arterio-sclerotic Heart Disease	?
	(c) DUE TO	

42.6

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-19-, 19 52 to 1-19-, 19 53 that I last saw the deceased alive on 1-19-, 19 53 and that death occurred at 10.45 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

E. J. Maloney M.D. 52 Wendover Road 1/20/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 1-24-53

NAME OF CEMETERY OR CREMATORY Mt Calvary

LOCATION (City, town, or county) (State) A.A. Co. Md.

DATE REC'D BY LOCAL REG. January 24 1953

REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR ADDRESS Wm. A. Jackson 916 Penna Ave.

VS. A15 51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
MARYLAND LENGTH OF STAY (in this place): 57 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hollywood
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) E. (Last) GUNTER
4. DATE OF DEATH: (Month) January (Day) 31 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7-7-91
9. AGE last birthday: 61 yrs. IF UNDER 1 YR. OR IF UNDER 24 HRS. Months | Days | Hours | Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carnegie, Pa.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Enoch Gunter
14. MOTHER'S MAIDEN NAME: Joan Absolom
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) CARCINOMA OF STOMACH — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-23-52 1-13-53
19b. MAJOR FINDINGS OF OPERATION: Esophagojejunostomy and Splenectomy Jejojejunostomy
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work [ ] Not While At Work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Dec. 5, 1952, to Jan. 31, 1953, and that death occurred at 3:45 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title): WILLIAM B. VANDEGRIFT, M. D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 1-31-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial Removal
DATE THEREOF: Feb 3 - 53
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Fort Myer, Virginia
DATE REC'D BY LOCAL REGISTRAR: Jan. 31-53
REGISTRAR'S SIGNATURE: Dawson L. Harbor
24. FUNERAL DIRECTOR ADDRESS: Wm. C. Mattingly & Sons Funeral Home, Leonardtown, Maryland

VS. A15

Items 8, 9: Film G151 2-24-53 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
HOSPITAL OR INSTITUTION OR STREET ADDRESS 505 Woodbine Avenue	STREET ADDRESS (If rural, give location) 505 Woodbine Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
CARRIE	ESTELLE	HALE 1877	January 30, 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	May 2, 1877	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Cooper	Rachel Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No — None	None	Miss Helen Hale, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carcinoma of pancreas	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —	
(c) —	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec. 27, 52	Exploration + drainage of Common Bile duct.	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 3, 1952, to Jan 30, 1953, that I last saw the deceased alive on Jan 29, 1953, and that death occurred at 4:47 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H. S. Chalfant MD	610 York Rd	Jan 31, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 2, 1953	Parkwood Cemetery	Parkville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Feb. 2, 1953	Mabel C. Gray	John Burns' Sons, Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Md; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) Pluia (Last) Harvey

4. DATE OF DEATH: (Month) Jan (Day) 28 (Year) 1953

5. SEX: female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Jan 28 1953

9. AGE last birthday: 5 minutes — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Forest Baltimore Co Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Darnwell Taggart

14. MOTHER'S MAIDEN NAME: Bessie Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO! none

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Bessie Harvey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [redacted] Suffocation — Interval Between Onset and Death: 5 Min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 1730

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/28, 1953, to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Hudson, M.D. ADDRESS Fork Md. DATE SIGNED 1/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) burial — DATE THEREOF Jan 31 1953 — NAME OF CEMETERY OR CREMATORY Harris Chapel — LOCATION (City, town, or county) Parkton (State) Md

DATE REC'D BY LOCAL REG. 1/28/53 — REGISTRAR'S SIGNATURE Priscilla Lowood

24. FUNERAL DIRECTOR W. D. Tracher ADDRESS Hanover Pa

1/31/54 Walter Hammett - one

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-White Hall | LENGTH OF STAY (in this place) 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 018 York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna — COUNTY York
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - York
STREET ADDRESS (If rural, give location) R.D. - 9.

3. NAME OF DECEASED (Type or Print): (First) Rybern (Middle) Clinton (Last) Hawkes
4. DATE OF DEATH: (Month) Jan. (Day) 6 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Febr. 19 1888
9. AGE last birthday: 64 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sander
10b. KIND OF BUSINESS OR INDUSTRY: Cabinet Factory
11. BIRTHPLACE (State or foreign country): Comers Rock, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Hawkes.
14. MOTHER'S MAIDEN NAME: Elvira Hackler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 179-10-7821
17. INFORMANT AND ADDRESS: John Brown - White Hall, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1 hour

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. M. Francis M.D. Parkton, Md. 1/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial | DATE THEREOF Jan. 10, 1953 | NAME OF CEMETERY OR CREMATORY Speedwell Cemetery | LOCATION (City, town, or county) (State) Speedwell, Va.

DATE REC'D BY LOCAL REG. 1/8/53 | REGISTRAR'S SIGNATURE Chester L. Fraelich | 24. FUNERAL DIRECTOR ADDRESS J. Jacob Bardenstein, New Freedom, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Line; LENGTH OF STAY (in this place) 30; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Line; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edwin (Middle) G. (Last) Heathcote

4. DATE OF DEATH: (Month) January (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 13, 1867

9. AGE last birthday: 85 yrs. If under 1 year: Months; If under 1 year: Days; If under 24 hrs.: Hours; If under 24 hrs.: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millwright

10b. KIND OF BUSINESS OR INDUSTRY: Mill Machinery

11. BIRTHPLACE (State or foreign country): Freeland, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Martin Heathcote

14. MOTHER'S MAIDEN NAME: Eliza Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Martin Heathcote, Maryland Line Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN): Maryland Line (COUNTY): Carroll (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to Jan. 14, 1953, that I last saw the deceased alive on Jan. 13, 1953 and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): M.D. ADDRESS: New Freedom DATE SIGNED: Jan 15/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan. 17, 1953

NAME OF CEMETERY OR CREMATORY: Maryland Line Cemetery

LOCATION (City, town, or county): Maryland Line (State): Md.

DATE REC'D BY LOCAL REG.: 1/16/53

REGISTRAR'S SIGNATURE: Catherine L. Fenton

24. FUNERAL DIRECTOR: J. Jacob Bortenstein ADDRESS: New Freedom, Pa.

Dr. Summerlin.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Millers. LENGTH OF STAY (In this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beckleysville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Millers.
STREET ADDRESS (If rural, give location) Beckleysville Rd.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) W. (Last) Henry.

4. DATE OF DEATH: (Month) Jan. (Day) 12, (Year) 1953.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 20, 1872

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm.

11. BIRTHPLACE (State or foreign country): Millers Md. R.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Henry

14. MOTHER'S MAIDEN NAME: Sarah Hale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Freva Demmill, Millers, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular-renal chain — Interval between onset and death:

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

94+

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 40, to Jan. 12, 19 53, that I last saw the deceased alive on Jan. 12, 19 53, and that death occurred at 10:45 A.m., from the causes and on the date stated above.

SIGNATURE: C. M. Frame (Degree or title) M.D. ADDRESS Parkton, Md. DATE SIGNED 1/12/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan. 15 1953 | NAME OF CEMETERY OR CREMATORY: Beckleysville Cemetery | LOCATION (City, town, or county) (State): Millers, Balto. Co., Md.

DATE REC'D BY LOCAL REG. 1/17/53 | REGISTRAR'S SIGNATURE: Geo. Tittle, Registrar | 24. FUNERAL DIRECTOR: Jacob Hartenstein | ADDRESS: New Freedom

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3-D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1 -51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 23
HOSPITAL OR INSTITUTION OR STREET ADDRESS 609 Orpington Road.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 609 Orpington Road.

3. NAME OF DECEASED: (Type or Print) (First) Augusta (Middle) (Last) Hentschel

4. DATE OF DEATH: (Month) Jan. (Day) 2 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W.	Widowed	Dec 5, 1873	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Wife	at Home	Germany	U.S.A.

13. FATHER'S NAME: Bruggeman

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	no	none	Frieda M. Conrad 609 Orpington Rd-29

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Uterus	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

174+

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — unknown

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Aug., 1952, to Jan. 2, 1953, that I last saw the deceased alive on Jan. 2, 1953, and that death occurred at 11.30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Leo J. Zeve M.D. ADDRESS Mallow Ville Ave. DATE SIGNED 1/3/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 6, 1953	St. Pauls	Violetsville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/5/53	[illegible]	John F. Teufel	5311 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (illegible)

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Balto. — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY: Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto.

STREET ADDRESS (If rural give location): 2641 N. Calvert St. ✓

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	EDWIN	W.	HERRMANN	Jan.	12	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married	Oct. 5, 1880	72 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Attorney	Self Employed	Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John M. Herrmann	Carrie Eckhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
-		Mrs. Florence G. Herrmann-2641 N. Calvert St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
334 Immediate cause	(a) Status epilepticus	2 da.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Cerebral arteriosclerosis	5 yr.
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 15, 19.52, to Jan. 12, 19.53, that I last saw the deceased alive on Jan 10, 19.53, and that death occurred at 3:30 AM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H R. Freeman &	M. D.	11 W. 25th St Baltimore-18	1/12/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/14/53	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/13/53	Asst. Registrar	Wm. J. Vickner & Sons	Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5 mos. 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 25
STREET ADDRESS (If rural, give location) 3816 6th Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
William	J.	Heying	January 26, 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	June 11, 1872	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Marble Polisher		Germany	NaturalizedUSA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank Heying	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	Unknown	Hospital Records--Spring Grove Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
490X **Immediate cause**	(a) Lobar pneumonia	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last 20021	DUE TO (b) Malignant Lymphoma	???
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — Years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 8-18-, 1952, to 1-26-, 1953, that I last saw the deceased alive on 1-25-, 1953, and that death occurred at 1.10 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Spring Grove State Hospital Catonsville 28, Maryland — 1-26-53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1-28-53	HOLY CROSS CEM	A A Co

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 26, 1953	W. H. Heitlich	Bernard C. Hanle	1216 E West St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 ...51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville
LENGTH OF STAY (in this place) 7 mos. 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location) 69 Mattingly Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Hoelke

4. DATE OF DEATH: (Month) January (Day) 28, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-7-1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Washington Downs

14. MOTHER'S MAIDEN NAME: Laura Ann Halley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-respiratory failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-4, 1952, to 1-28, 1953, that I last saw the deceased alive on 1-28, 1953 and that death occurred at 2:25 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Sara E. Bennett, M.D. Spring Grove State Hospital, Catonsville, Md. 1-28-53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF Jan 30-53 NAME OF CEMETERY OR CREMATORY Shilo M E LOCATION (City, town, or county) Bryantown (State) Md

DATE REC'D BY LOCAL REG. 1/29/53 REGISTRAR'S SIGNATURE Julia H Casey Victor E. Hardy

24. FUNERAL DIRECTOR ADDRESS Hunter & Lyon Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 59 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 526 Ingleside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 526 Ingleside Ave.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) LAWRENCE (Last) HOERL

4. DATE OF DEATH: (Month) Jan. (Day) 26, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/6/1893

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Forman

10b. KIND OF BUSINESS OR INDUSTRY: Spring Grove Hosp.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John L. Hoerl Sr.

14. MOTHER'S MAIDEN NAME: Marie Kull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1 st. W. W

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Marjorie Hoerl 526 Ingleside Ave. Catonsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Pulmonary Embolism — Interval Between Onset and Death: Seconds

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Carcinoma of Lung — 1 year

(c): Pulmonary abscess

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: Sept 1952

19b. MAJOR FINDINGS OF OPERATION: Ca of Lung

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952 to Jan 26, 1953, that I last saw the deceased alive on Jan 26, 1953, and that death occurred at 11:00 m. from the causes and on the date stated above.

SIGNATURE: James [illegible] MD (Degree or title) ADDRESS: 6014 Edmondson Ave Catonsville DATE SIGNED: 1/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/30/53 — NAME OF CEMETERY OR CREMATORY: Salem Lutheran Cemetery — LOCATION (City, town, or county) (State): Catonsville, Md.

DATE REC'D BY LOCAL REG.: 1-29-53 — REGISTRAR'S SIGNATURE: V E Barry

24. FUNERAL DIRECTOR: Easton Sons — ADDRESS: Catonsville, Md.

Item 9 FilmG150 2/2/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rockdale — LENGTH OF STAY (in this place) 10 apts 1-2
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8103 Sublet

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rockdale
STREET ADDRESS (If rural give location) 8103 Sublet

3. NAME OF DECEASED (Type or Print): (First) Gustav (Middle) Alfred Hugo (Last) Hoppe

4. DATE OF DEATH: (Month) Jan (Day) 24 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 25 June 1872

9. AGE last birthday: ~~82~~ 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Hamburg Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown.

14. MOTHER'S MAIDEN NAME: Hoppe. unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none.

17. INFORMANT: mrs. Jay W. Varnadore (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart disease — 15 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prostatic Hypertrophy — 5 yrs.

420.0

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Jan, 1953, to 24 Jan, 1953, that I last saw the deceased alive on 24 Jan, 1953, and that death occurred at 10 a. m., from the causes and on the date stated above.

SIGNATURE: Paul H Royse — (Degree or title) M.D. — ADDRESS: Pikesville Md — DATE SIGNED: 24 Jan 53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 1/27/53 — NAME OF CEMETERY OR CREMATORY: LOUDON PARK — LOCATION (City, town, or county) (State): FREDERICK RD.

DATE REC'D BY LOCAL REG. 11/26/53 — REGISTRAR'S SIGNATURE: R. W. Hedrich M.D. — 24. FUNERAL DIRECTOR: JOHN F. DENNY, INC. — ADDRESS: 715 LIGHT ST. -30

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. K-X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
   LENGTH OF STAY (in this place): 41 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 17
   STREET ADDRESS (If rural give location): 2010 Brunt Street

3. NAME OF DECEASED: (First) MILTON (Middle) L. (Last) HOWARD

4. DATE OF DEATH: (Month) January (Day) 20 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-20-93

9. AGE last birthday: 59 yrs.
   IF UNDER 1 YEAR: Months / Days
   IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Ammunition worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Benjamin Howard

14. MOTHER'S MAIDEN NAME: Matilda Presco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
    (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF LIVER — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec.10, 1952 to Jan.20, 1953, that I last saw the deceased on [illegible] and that death occurred at 1:15 A.M., from the causes and on the date stated above.

(Degree or title) WILLIAM B. VANDEGRIFT, M. D. — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 1-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 1-28-53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1-28-53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Thomas E. Kelson Funeral Home, 1303 Presstman Street, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. ... ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Balto. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6 E. Burke Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. | COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural give location): 6 Burke Ave.

3. NAME OF DECEASED: (Type or Print) First: DONALD | (Middle): SCOTT | (Last): HUNTER

4. DATE OF DEATH: (Month): Jan. | (Day): 5 | (Year): 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 15, 1914

9. AGE last birthday: 38 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Dentist

10b. KIND OF BUSINESS OR INDUSTRY: own

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: J. Scott Hunter

14. MOTHER'S MAIDEN NAME: Pearl Mullican

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no | (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Mrs. Elizabeth Hunter - 6 Burke Ave., Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 12 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Vascular Disease — 6 yrs?

DUE TO

(c)

4-4-53 (081X)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Poliomyelitis — 4 yrs

19a. DATE OF OPERATION: | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1952, to January 5, 1953, that I last saw the deceased alive on Jan. 5, 1953, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Maryland E. Day MD | ADDRESS: 4-E-33rd St -18 | DATE SIGNED: January 6, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1/8/53 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 1/9/53 | REGISTRAR'S SIGNATURE: A. W. Hedrich M.D.

24. FUNERAL DIRECTOR: Wm. J. Pickner & Sons | ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 501 Murdock Road

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 501 Murdock Rd.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) H. (Last) JONES

4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 22, 1868

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Manager

10b. KIND OF BUSINESS OR INDUSTRY: Met. Life Ins. Co.

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Jones

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mary R. Jones - 501 Murdock Rd.-Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Decompensation Cardio Vascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1952, to Jan 29, 1953, that I last saw the deceased alive on Jan 29, 1953, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Laurence C. Yoch M.D. 6805 York Rd Jan. 30/53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE: 1/31/53

NAME OF CEMETERY OR CREMATORY: Green Mount Mausoleum

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 1/31/53

REGISTRAR'S SIGNATURE BM

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons ADDRESS: Balto, Md

R.S.B.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Presbyterian Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) (Last) Jordan

4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1953.

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 5 - 22 - 67

9. AGE last birthday: 85 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School-teacher retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): York Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dr. Edward C. Jordan

14. MOTHER'S MAIDEN NAME: Elmira L. Youngman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Records: Presbyterian Home, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-Renal-Vascular disease — Unknown

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis with senile changes — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to Jan 7, 1953, that I last saw the deceased alive on Jan 3, 1953, and that death occurred at 5:30 A. m., from the causes and on the date stated above.

SIGNATURE: Rollin T. Hudson M.D. (Degree or title) — ADDRESS: Towson Md — DATE SIGNED: Jan 7, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: 1 - 9 - 53 | NAME OF CEMETERY OR CREMATORY: Bethel Presbyterian | LOCATION (City, town, or county) (State): Madonna, Harford Co., Md.

DATE REC'D BY LOCAL REG. 1/9/53 | REGISTRAR'S SIGNATURE: A. W. Hedrick M.D. | 24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. | ADDRESS: 1900 Eutaw Place

M B Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0023

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 3117 Cliftmont Ave ✓

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) F. (Last) Kerber

4. DATE OF DEATH: (Month) Jan (Day) 28 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 17, 1869

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY: Meat.

11. BIRTHPLACE (State or foreign country): Balto.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Conrad Kerber

14. MOTHER'S MAIDEN NAME: Barbara. ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 214-20-3950

17. INFORMANT AND ADDRESS: Mrs Jacob Kerber.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocardial Failure — 10 da.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Hypertensive Cardio-Vascular-Renal Disease — 15 yr (?)

(c) Senile Dementia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia — 27 yr.

442K

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 1952, to 1-28, 1953, that I last saw the deceased alive on 1-28, 1953, and that death occurred at 12.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William K. Zollinger M.D. Catonsville-28 Md. 1/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-31-53

NAME OF CEMETERY OR CREMATORY: Baltimore

LOCATION (City, town, or county) (State): E North Ave Md

DATE REC'D BY LOCAL REG.: 1/30/53

REGISTRAR'S SIGNATURE: [signature] Deputy

24. FUNERAL DIRECTOR ADDRESS: Mrs Mildred J. Blight 600 Harford Rd.

Film #150, Item #14
1/21/53, mmb.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowleys Quarters
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowleys Quarters
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) (Last) Kniesche
4. DATE OF DEATH: (Month) JAN. (Day) 8 (Year) 1953.
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Sept. 10, 1871
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. Maintenance
10b. KIND OF BUSINESS OR INDUSTRY: Can Mfgr.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John C. G. Kniesche
14. MOTHER'S MAIDEN NAME: Catherine Kratz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. Robert Kniesche - 1017 Park Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. J. Davis MD Dep. Med. Exam. - Dundalk, Md. 1/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1/10/53 | NAME OF CEMETERY OR CREMATORY: Parkwood Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: January 10 1953 | REGISTRAR'S SIGNATURE: R. W. | 24. FUNERAL DIRECTOR: Wm. J. Dickens & Son ADDRESS: Balto 17, Md.

VS. A15A

Item 18 Film G150 1-29-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL) OR TOWN: Balto. 4
STATE: MARYLAND
LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Oak Hill Road.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: ~~Maryland~~ Pennsylvania
COUNTY: Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Scranton. Baltimore
STREET ADDRESS (If rural, give location): 321 Cedar Ave 2140 W Lexington St

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Caroline (Last) Kreemmel

4. DATE OF DEATH: (Month) Jan (Day) 13 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Wid

8. DATE OF BIRTH: Mar 5 1874

9. AGE Last birthday: 78 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Dsf

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leopold Johler

14. MOTHER'S MAIDEN NAME: Carrie Stanley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Husband Otto Kreemmel Oak Hill Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592

Immediate cause (a) DUE TO (2) Partial Intestinal Obstruction

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO (3) Renal disease
(c) (1) Heart Block.

Interval Between Onset And Death: 1 Wk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov ,1953, to Jan 13, 1953, that I last saw the deceased alive on Jan 13, 1953, and that death occurred at 1.20 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank T. Kasik M.D. 9005 Harford Rd Jan 13 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1-16-53
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem.
LOCATION (City, town, or county) (State): Brooklyn - B.C. Co. Md

DATE REC'D BY LOCAL REGISTRAR: 1/15/53
REGISTRAR'S SIGNATURE: H. R. Redmond

24. FUNERAL DIRECTOR: Geo. L. Beyer Jr ADDRESS: 1512 Hollins St Balto. 23 Md

Over

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (in this place): 1 Mon
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 11 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural, give location): 11 Virginia Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Josephine (Last) Larkin

4. DATE OF DEATH (Month) (Day) (Year): Jan. 8, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Oct. 28, 1872

9. AGE last birthday: 80 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John D. McMonigle

14. MOTHER'S MAIDEN NAME: Bridgit Kane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. A. D. Abrams, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis; chronic — Interval between onset and death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Nephritis — 10 or 12 yrs
(c) Arteriosclerosis — yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: about 3 weeks ago had severe nasal hemorrhage

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-51, to 1-8-53, that I last saw the deceased alive on 1-8-53, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Samuel L. Sadtler M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 1-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan. 10, 1953
NAME OF CEMETERY OR CREMATORY: Immeculate Heart Cem.
LOCATION (City, town, or county) (State): Delaware Co. Pa.

DATE REC'D BY LOCAL REG.: 1-9-53
REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR ADDRESS: J. F. Eline & Sons, Reisterstown, Md.

Item 9 Film G150 1/28/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 2½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
STREET ADDRESS (If rural, give location) none ✓

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) (Last) Latimer

4. DATE OF DEATH: (Month) Jan (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-28-1868

9. AGE last birthday: 85 84 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not known

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Randolf Latimer

14. MOTHER'S MAIDEN NAME: Ana R. Rhodes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac Failure — Interval Between Onset and Death: 3 wks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized Arteriosclerosis — uncertain

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 2½ yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21, 1950, to Jan 23, 1953, that I last saw the deceased alive on Jan 23, 1953, and that death occurred at 7 00 a m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Frederick E Phelps M.D ADDRESS Spring Grove Hospital DATE SIGNED 1/23/53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): — DATE THEREOF Jan 25 '53 — NAME OF CEMETERY OR CREMATORY St. Paul's — LOCATION (City, town, or county) Baden (State) Md.

DATE REC'D BY LOCAL REG. 1-23-53 — REGISTRAR'S SIGNATURE Victor Harry — 24. FUNERAL DIRECTOR Hunt & Cryon — ADDRESS Waldorf Md

VS. A15 51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; Wayne Convalescent Home; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, Md.
LENGTH OF STAY (In this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, Md.
STREET ADDRESS (If rural, give location) 98 Smithwood Ave. Catonsville, Md.

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) (Last) Leimbach

4. DATE OF DEATH: (Month) Jan. (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 18, 1860

9. AGE last birthday: 92 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Bassler

14. MOTHER'S MAIDEN NAME: Caroline Pfeiffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Louis M. Leimbach (Son) Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio Vascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteria Sclerosis

(c) Varicosities lower extremities

443X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilat with healed ulceration

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952, to Jan 15, 1953, that I last saw the deceased alive on 14 Jan, 1953, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE: W E Mc Grath (Degree or title) M.D. ADDRESS 1702 Edmondson Ave. Catonsville 28 Md. DATE SIGNED 1/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/17/53

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 1-15-53

REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR ADDRESS: Easton Bone Catonsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fauxdoun
LENGTH OF STAY (In this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Balto Co Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fauxdoun
STREET ADDRESS (If rural give location) 18 Second ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Elmer (Last) Lester

4. DATE OF DEATH: (Month) Jan (Day) 17 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 12-28-1893

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: B&O R R

11. BIRTHPLACE (State or foreign country): Balto City Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Lester

14. MOTHER'S MAIDEN NAME: Emma Scarborough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT: Emma R Lester Fauxdoun Balto Co Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Pancreas — Interval between onset and death: 8 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16/46, 19....., to 1/17/53, 19....., that I last saw the deceased alive on 1/16/53, 19....., and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE: C. Arthur Rossberg (Degree or title) M.D. ADDRESS: 2436 Washington Blvd-30 DATE SIGNED: 1/19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 1-22-53

NAME OF CEMETERY OR CREMATORY: Loudon Park cem

LOCATION (City, town, or county) (State): Frederick Rd Baltimd

DATE REC'D BY LOCAL REG.: 1/19/53

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Edward Foulson ADDRESS: Balto 30 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 1yr. 6mos. 1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 127 Deepdene Rd. ✓

3. NAME OF DECEASED: (Type or Print) (First) Major (Middle) Preston (Last) Lewis

4. DATE OF DEATH: (Month) Jan. (Day) 10 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 3-19-1877

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Steamship Co.

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Major O'Neil Lewis

14. MOTHER'S MAIDEN NAME: Amanda Frances Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Unk — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arteriosclerotic cardiovascular disease.	5+ yrs.
	(c) DUE TO Generalized & cerebral arteriosclerosis	3+ yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic duodenal ulcer — Unk.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 19 52, to Jan. 10, 19 53, that I last saw the deceased alive on Jan. 10, 19 53, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE: Lewis L. Woodward M.D. — (DEGREE OR TITLE) — ADDRESS: Spring Grove State Hosp. Catonsville 28, Md. — DATE SIGNED: 1-10-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/13/53	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/12/53	Wm. Redmond	Wm. J. Tickner & Sons	Balto 17, Md.

VS. A15 [illegible] 51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville Nursing Home 315 Inglesides Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md.
STREET ADDRESS (If rural, give location) 908 Northern Pkwy.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) Catherine (Last) Lewis

4. DATE OF DEATH: (Month) 1 (Day) 29 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-9-1858

9. AGE last birthday: 94 yrs. — If under 1 year: Months 9, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Harker

14. MOTHER'S MAIDEN NAME: (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: (None)

17. INFORMANT: Mrs Martha A. Claypoole - same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Apoplexy	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) High Blood Pressure	?
	(c)	

334+

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: No Operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26, 1953, to Jan 29, 1953, that I last saw the deceased alive on Jan 27, 1953, and that death occurred at 1.30 A. m., from the causes and on the date stated above.

SIGNATURE Joshua H. Annacost M.D. (Degree or title) ADDRESS 6419 Windsor Mill Rd Baltimore 7 Md. DATE SIGNED Jan 29, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 1/31/53 — NAME OF CEMETERY OR CREMATORY: Greenmount Cem. — LOCATION (City, town, or county): Balto — (State): Md

DATE REC'D BY LOCAL REG. Jan 29 1953 — REGISTRAR'S SIGNATURE G. W. Hardesty

24. FUNERAL DIRECTOR: J. J. Ruck — ADDRESS: 5305 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point (19); LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2511 Menser Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point (19); STREET ADDRESS (If rural, give location): 2511 Menser Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ALEXANDRA	ROSE	LONGFELLOW	January	3	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	MARRIED	FEB. 4, 1925	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		MASS	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
STEVE GWOZDZ	UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO / NI	029-18-2936	FOSS LONGFELLOW, HUSBAND — SAME

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Massive subarachnoid hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital anomaly of circle of Willis

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
B. W. Fisher	700 Fleet St., Baltimore, Md.	Jan. 5, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1/8/53	ST. STANISLAUS	CHICOPEE, MASS.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 6-1953	William M. Kelly	[illegible]	[illegible]

JAN

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (In this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 523 Seminary Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 523 Seminary Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	W	Loose	Jan	17	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married	Jan. 26, 1887	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auto Dealer (retired)	Automobiles	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wesley Loose	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Mrs. Clementine E. Loose-523 Seminary Ave Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart disease, vascular, coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Heart disease, Chronic myocarditis	1 1/2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Rollin G. Hudson	M.D. D.M.E.	Towson Md	1/17/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/20/53	Druid Ridge Cem.	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/19/53	C. W. Hedrick	Wm. J. Tickner & Sons	Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Owings Mills
LENGTH OF STAY (in this place) 3 mo 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training Sch

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 2401 Bowley's Lane

3. NAME OF DECEASED: (Type or Print) (First) Cynthia (Middle) Ann (Last) Lorenz

4. DATE OF DEATH: (Month) Jan (Day) 13 (Year) 1953

5. SEX: F

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 11-18-44

9. AGE last birthday: 8 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: John Henry Lorenz

14. MOTHER'S MAIDEN NAME: Shirley Newbauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: John H. Lorenz, 2401 Bowleys Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchio-pneumonia	20 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Spastic quadriplegia	since birth
	(c) DUE TO Epilepsy	since birth

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 7, 1952 to Jan 13 1953, that I last saw the deceased alive on Jan 13, 1953, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Viola B Joshua M.D Rosewood State Tr. Sch. 1/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 1/15/53
NAME OF CEMETERY OR ~~CREMATORY~~ Holy Redeemer
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 1/14/53
REGISTRAR'S SIGNATURE a. W. Hedrick
24. FUNERAL DIRECTOR ADDRESS Wm. Cook Inc., 1217 S. Carey St.

VS. A12 -51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1123

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (In this place) Parkville; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3024 Woodside Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Parkville; STREET ADDRESS (If rural, give location) 3024 Woodside Avenue

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) O. (Last) Kreafle

4. DATE OF DEATH: (Month) Jan. (Day) 3. (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Apr. 3, 1877

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Landscape Gardener

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Louis Kreafle

14. MOTHER'S MAIDEN NAME: Frederica ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Miss Roberta I. Kreafle, 3024 Woodside

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 8 hours.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Heart Disease — 10 yrs

(c) Arteriosclerotic cardio-cerebral disease — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1952, to Jan 3, 1953, that I last saw the deceased alive on Jan 2, 1953, and that death occurred at 5.50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John H. Hirschfeld M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/6/53 — NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REG. 1/5/53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road.

VS. A15

Dr. Hirschfeld
6919 Harford Road

Mon. between 9 and 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44 #1

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT
LENGTH OF STAY (in this place) 54
HOSPITAL OR INSTITUTION OR STREET ADDRESS 519 E. STREET

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT (19)
STREET ADDRESS (If rural, give location) 519 E STREET

3. NAME OF DECEASED (Type or Print) (First) CARRIE (Middle) OWENS (Last) MACHEN
4. DATE OF DEATH (Month) 1 (Day) 5 (Year) 1953

5. SEX FEM.
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 6-13-1889
9. AGE last birthday 63 yrs.
If under 1 year Months / Days
If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME JOHN R. HEWETT
14. MOTHER'S MAIDEN NAME CORA COCHRAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS W. W. MACHEN, HUSBAND — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized Carcinomatosis	6 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Sigmoid Colon	2½ yrs.
	(c)	

153 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Jan, 1953, that I last saw the deceased alive on Jan. 1, 1953, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Jones	M.D.	520 D. St. SP 19	1/7/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1-9-53	OAK LAWN	BALTO. CO., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/8/53	William M. Keating	Wallis Brooke Bradley, Dundalk, Md.	

Dawson Parlor - CMC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 14

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard,
LENGTH OF STAY (in this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1837 W. North Ave.

3. NAME OF DECEASED: (First) LEON (Middle) (NMI) (Last) MARTIN
4. DATE OF DEATH: (Month) January (Day) 18 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-9-21
9. AGE Last birthday: 31 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Tractor Driver
10b. KIND OF BUSINESS OR INDUSTRY: Steel Mills - Refractory Co.
11. BIRTHPLACE (State or foreign country): Roanoke, Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Matthew Martin
14. MOTHER'S MAIDEN NAME: Lou Satterfield
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.: 242-28-5749
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) EMBOLUS OF LEFT CORONARY ARTERY	SUDDEN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) MURAL THROMBI IN LEFT VENTRICLE	UNKNOWN
	DUE TO (c) HYPERTENSIVE CARDIOVASCULAR DISEASE	UNKNOWN

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan.5 ,19 53 , to Jan. 18 , 19 53, ~~that I viewed the body of the deceased~~ and that death occurred at 6:30 PM , from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) WM. B. VANDEGRIFT, M.D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 1-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1-23-53
NAME OF CEMETERY OR CREMATORY: Withers Chapel Cemetery
LOCATION (City, town, or county) (State): Pinehall, North Carolina
DATE REC'D BY LOCAL REGISTRAR: 1/24/53
REGISTRAR'S SIGNATURE: W. Hedrick
24. FUNERAL DIRECTOR: Charles R. Law Funeral Home
ADDRESS: 802 Madison Ave. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 22 | LENGTH OF STAY (In this place) 16 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS PINE CAR ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROSEWALD BEACH (DUNDALK 22.) MD.
STREET ADDRESS (If rural, give location) 9222 BEAR CREEK DRIVE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT	RAYMOND	McKIM	1	6	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	5-12-1893	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTER	CONSTR.	PENNA.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNK.	UNK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
YES WW I	218-12-9742	BERTIE E. McKIM - WIDOW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion	- - -
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[illegible]	[illegible]	1-7-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1-9-53	BALTO. NATIONAL CEM.	BALTO. MD.

DATE REC'D BY LOCAL REG. 1/8/53	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	Theresa M. Keeley	[illegible]	[illegible] MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44 X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2130 E. Biddle Street

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) LACEY (Last) McMULLEN

4. DATE OF DEATH: (Month) January (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/18/96

9. AGE last birthday: 56 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Water Supply

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John McMullen

14. MOTHER'S MAIDEN NAME: Lena Boiles

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause — (a) INFARCTION OF MYOCARDIUM DUE TO CORONARY ARTERY DISEASE

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO

(c)

Interval Between Onset And Death: 4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒ X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan. 9, 1953, to Jan. 11, 1953 [redacted] and that death occurred at 3:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Abraham A. Polacheck, M.D. — ADDRESS: VAH, FORT HOWARD, MD. — DATE SIGNED: 1/11/53

ABRAHAM POLACHECK, M. D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/14/53 — NAME OF CEMETERY OR CREMATORY: U. S. National Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1/13/53 — REGISTRAR'S SIGNATURE: Alb. Wedinck — JMK

24. FUNERAL DIRECTOR — ADDRESS: Wm. Cook, Inc., St. Paul and Preston St., Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea, Balto 6
LENGTH OF STAY (If this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5001 Hazelwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same-
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lillie (Middle) Raymon (Last) Meekins-
4. DATE OF DEATH: (Month) Jan (Day) 5 (Year) 53.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Fem	Mule.	Widow.	Jan 6/1867	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Cornhwait.
14. MOTHER'S MAIDEN NAME Eliza Griffin.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Lillie Ewing, (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion. — Immediate.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 1-5-53 9A.m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. McLarmore M.D. Deputy Medical Examiner Md. 1/5/53.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-7-53	Mt. Olivet	Randallstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/6/53	H W Hedrick Distr.	Frank A. Meurel-Pikesville	Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (In this place) 13 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
STREET ADDRESS (If rural, give location) 1409 N. Broadway

3. NAME OF DECEASED: (Type or Print) (First) Herman (Middle) S. (Last) Miller

4. DATE OF DEATH: (Month) Jan (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: Feb 16 - 1873

9. AGE last birthday: 79 yrs. 11 mos.

IF UNDER 1 YEAR — Months | Days | IF UNDER 24 HRS. — Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Norrisville, Harford Co

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Miller

14. MOTHER'S MAIDEN NAME: Rachel Caroline Staugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-28-6668

17. INFORMANT & ADDRESS: Laura M Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Decompensation	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arterio sclerotic cardio-vascular disease	5 Years
	DUE TO (c)	

422.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cystitis — 3 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 53, to Jan 20, 19 53, that I last saw the deceased alive on Jan 20, 19 53, and that death occurred at 9 10 P. m., from the causes and on the date stated above.

SIGNATURE Walter T. Kees — (DEGREE OR TITLE) M.D — ADDRESS Cockeysville Md — DATE SIGNED 1/20/53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): — DATE THEREOF Jan 23/53 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. Jan 20/53 — REGISTRAR'S SIGNATURE Laura M. Schroeder

24. FUNERAL DIRECTOR — ADDRESS Wm. Cook, St Paul & Preston St

VED

DATE

BUREAU V. S.

COPY SENT TO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10254

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Md — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ashland.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural give location) Ashland.

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Rebecca (Last) Miller

4. DATE OF DEATH: (Month) 1 (Day) 1 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Jan 31, 1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eli Miller

14. MOTHER'S MAIDEN NAME: Avon Marbel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Carroll Armory. White Hall Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) DUE TO: generalized metastatic carcinoma

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: primary site - left breast

(c)

Interval Between Onset And Death: 3 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1952, to Jan 1, 1953, that I last saw the deceased alive on Dec. 31, 1952, and that death occurred at 9 10 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Eli with B. Shmid M.D. ADDRESS Cockeysville, Md. DATE SIGNED 1/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried — DATE THEREOF 1-4-53 — NAME OF CEMETERY OR CREMATORY West Liberty — LOCATION (City, town, or county) (State) Balto Co. Md.

DATE REC'D BY LOCAL REGISTRAR 2 January 1953 — REGISTRAR'S SIGNATURE Anna Armistead MacRae

24. FUNERAL DIRECTOR — ADDRESS L. Scott Brooks, Sparks, Md.

52
73
79

Item 9 Film 6150 2/4/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~ Catonsville — LENGTH OF STAY (in this place) 2 1/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Baltimore city
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) ~~1400 W~~ Lexington St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
MARY		MITCHELL	1	24	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Single	14 May 1859	~~94~~ 93 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Seamstress	—	Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John G. MITCHELL	DEBRA COCKEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	—	Records of Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) arteriosclerotic heart disease	yrs.
	(c)	

420.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
none	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	—			

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— M.		—

22. I hereby certify that I attended the deceased from 1-13, 1953, to 1-24, 1953, that I last saw the deceased alive on 1-23, 1953, and that death occurred at 420 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Worth B. Williamson M.D.		Spring Grove State Hosp.	24 Jan 53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/27/53	Loudon Park	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/26/53	Asa Hearn D.M.C.	Wm Cook Inc.	1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1253)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1 -51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 1414 University Lane ✓

3. NAME OF DECEASED: (Type or Print) (First) EDGAR (Middle) FREDERICK (Last) MOORE

4. DATE OF DEATH: (Month) January (Day) 5 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	April 22, 1905	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Salesman	Berstel Mfg. Co.	Pennsylvania	U.S.A.

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, Bronchial	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

491

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. General Paresis, syphilis — Unknown

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 1952, to Jan 5, 1953, that I last saw the deceased alive on Jan 4, 1953, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Thyne Williams	M. D.	Spring Grove State Hospital	Jan 5, 1953

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-6-53	Tyrone Cemetery	Tyrone Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-5-53	V. E. Harry	W. W. Chambers Co	Riverdale Md.

RECEIVED
JAN 6 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore Co — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills — LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 3900 Marx Ave.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Walker (Last) Morrison
4. DATE OF DEATH: (Month) January (Day) 11 (Year) 1953
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 6/11/36
9. AGE last birthday: 16 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Institution
11. BIRTHPLACE (State or foreign country): U.S.A. Balto. Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A. Citizen
13. FATHER'S NAME: Robert Bruce Morrison
14. MOTHER'S MAIDEN NAME: Rose Farrell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Rosewood St. Training School

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — 4 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epilepsy & Bilateral Pneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While at Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 1952, to Jan. 11, 1953, that I last saw the deceased alive on Jan. 11, 1953, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: Rosewood State Training School — DATE SIGNED: Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 14, 1953 — NAME OF CEMETERY OR CREMATORY: Druid Ridge " — LOCATION (City, town, or county) (State): Pikesville, Balto. Co., Md.

DATE REC'D BY LOCAL REG.: 1/13/53 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR — ADDRESS: [illegible] 224 Greenmount Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0025

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Ruxton 4, Md.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edgehill, Ruxton 4, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Ruxton 4 Md.
STREET ADDRESS (If rural, give location) Rural, Ruxton 4, Md.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) E. (Last) Mueller

4. DATE OF DEATH: (Month) Jan. (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12-19-1869

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Heimon

14. MOTHER'S MAIDEN NAME: Regina Gnan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Carl Gutberlet

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - Senile	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1952 to Jan. 9, 1953, that I last saw the deceased alive on Jan 1, 1953 and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles F. O'Donnell M.D. 7501 York Rd Towson 1/12/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-13-53

NAME OF CEMETERY OR CREMATORY: Holy Redeemer Mem.

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 1/12/53

REGISTRAR'S SIGNATURE: A. W. Hedrick M.D.

24. FUNERAL DIRECTOR: Leonard J. Kluck

ADDRESS: 5305 Harford Rd.

VS. A15

Fr. Chas F. Cl[illegible]well
78 Yorke Rd.
TO 3161

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 56

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A[illegible]-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
STREET ADDRESS (If rural, give location) 506 N. Collington Ave

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) (Last) Neumann

4. DATE OF DEATH: (Month) Jan (Day) 30 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 5th 1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months 10 Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Bavaria Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Wohlmacher

14. MOTHER'S MAIDEN NAME: Kunigunda Sussinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac Decom Duration — Interval Between Onset and Death: 4 mons

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arterio-sclerotic — Interval Between Onset and Death: Years

DUE TO

(c)

4500

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 19 47, to Jan 30, 1953, that I last saw the deceased alive on Jan 30, 1953, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

SIGNATURE Walter T. Ives (DEGREE OR TITLE) M.D. ADDRESS Cockeysville DATE SIGNED 1/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 2/2/53 NAME OF CEMETERY OR CREMATORY Mt. Carmel LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 1-21-53 REGISTRAR'S SIGNATURE Laura M. Schroeder

24. FUNERAL DIRECTOR Wm. Cook ADDRESS St. Paul & Preston St

COPY SENT TO LCCA ~~[illegible]~~ DATE 2-2-83

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. . . . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 658 Washington Blvd.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) D. (Last) O'CONNELL

4. DATE OF DEATH: (Month) January (Day) 15 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-25-93

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Foreman - street work

10b. KIND OF BUSINESS OR INDUSTRY: Balto. City

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Daniel O'Connell

14. MOTHER'S MAIDEN NAME: Carrie Bentley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 213-01-8549

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) METASTATIC CARCINOMA IN LIVER — Interval Between Onset And Death: 2 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 156.8

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec.28, 1952, to Jan.15, 1953, and that death occurred at 9:40 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M.D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 1-15-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/19/53 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1/16/53 — REGISTRAR'S SIGNATURE: Ida Hedrick

24. FUNERAL DIRECTOR — ADDRESS: J. J. Cowan & Son Funeral Home, 901 Hollins Street, Baltimore, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Parkville~~ ~~Baltimore~~ — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8104 Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~ Parkville
STREET ADDRESS (If rural, give location) 8104 Harford Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Parr

4. DATE OF DEATH: (Month) Jan. (Day) 25 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 13, 1867

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Margaret Anderson, 8104 Harford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 4 days.

331+

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 23, 1953, to Jan. 25, 1953, that I last saw the deceased alive on Jan. 25, 1953, and that death occurred at 9 30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Harold A. Ruck, M.D. 8100 Harford Rd 1/26/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/28/53 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cem. — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 1/26/53 — REGISTRAR'S SIGNATURE: Alice Wedrick Deputy — 24. FUNERAL DIRECTOR: Leonard J. Ruck — ADDRESS: 5305 Harford Road.

Dr. Grott
8100 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1[illegible]-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore.
STREET ADDRESS (If rural, give location): 2011 Druid Park Drive

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) JANE (Last) PEREGOY

4. DATE OF DEATH: (Month) Jan (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: June 9, 1871

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): dressmaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stophel Peregoy

14. MOTHER'S MAIDEN NAME: Sarah Bull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Heart Failure	3-4 months?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arterio Sclerotic Cardio-vascular disease	unknown
	DUE TO (c)	

4-22-53

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Thrombosis of right leg & gangrene — about 3 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1952, to Jan 4, 1953, that I last saw the deceased alive on Jan 4, 1953, and that death occurred at 10:4 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Hope Williams M.D. Spring Grove State Hospital 1-4-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 7-53 — NAME OF CEMETERY OR CREMATORY: Foreston Cem. — LOCATION (City, town, or county) (State): Carroll Co.

DATE REC'D BY LOCAL REG. 1-5-53 — REGISTRAR'S SIGNATURE: V.E. Harry

24. FUNERAL DIRECTOR ADDRESS: Edward C. Tipton Hempstead Md

RECEIVED
JAN 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place) 1 yr. 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 452 Fawcett Street ✓

3. NAME OF DECEASED (Type or Print): (First) Barbara (Middle) (Last) Pollutra
4. DATE OF DEATH: (Month) 1 (Day) 5 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
female	white	single	7-29-45	7 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
inmate	none	Baltimore, Md.	U.S.

13. FATHER'S NAME: Joseph James Pollutra
14. MOTHER'S MAIDEN NAME: Christine Perrera

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Rosewood records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cortical atrophy	since birth
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Spastic epileptic	since birth
(c) Aspiration of vomitus	20 mins.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cold	5 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY not an injury	(CITY OR TOWN)	(COUNTY)	(STATE)
		Owings Mills,	Balto.,	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
not an injury m.		not an injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D.D. Caples	Deputy Asst. Exam. M.D.	Reisterstown, Md.	1-6-'53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	1/8/53	Holy Redeemer Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1/6/53	Dan'l Hedrick	Wm. Cook, Inc., 1217 St. Paul Street

DMR.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton — LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Hester (Middle) B. (Last) Pyle.

4. DATE OF DEATH: (Month) Jan. (Day) 14 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: Mar. 17 1900

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Parkton, Md. R.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph W. Wilson.

14. MOTHER'S MAIDEN NAME: Mary Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT, AND ADDRESS: James H. Pyle - Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary [illegible] 2 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

1944

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible] 1953

19b. MAJOR FINDINGS OF OPERATION: [illegible]

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William R. Ritz, Jr. M.D. Int. Union Mem. Hosp. Jan. 14 1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 17/1953	Wiseburg Cemetery	White Hall, Balto. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/16/53	Chester L. Fuller	J. Jacob Hartenstein	New Freedom, Pa.

Dr. Bortner

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00267

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN E3
STREET ADDRESS (If rural, give location) 9310 Taylor ave Rd

3. NAME OF DECEASED (Type or Print): (First) ELISE (Middle) (Last) RAU

4. DATE OF DEATH: (Month) 1 (Day) 11 (Year) 1953

5. SEX: M F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-26-92

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: Burkhardt

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: CHRISTIAN RAU

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
42[illegible] Immediate cause	(a) Myocardial Infarct	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Insufficiency	3 months
	(c) HYPERTENSION	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31, 1949, to 1/11, 1953, that I last saw the deceased alive on 1/11, 1953, and that death occurred at 5:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John H. Hirschfeld M.D. ADDRESS 6919 Harford Rd DATE SIGNED 1/12/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 1-14-53 | NAME OF CEMETERY OR CREMATORY Parkwood | LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 1/12/53 | REGISTRAR'S SIGNATURE H. W. Hedrick | 24. FUNERAL DIRECTOR L. J. Funk ADDRESS 1305 Harford Rd

Dr. Kirschfeld
6919 Mulford Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 78 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 422 Ingleside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 422 Ingleside Ave.

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) A. (Last) REICH

4. DATE OF DEATH: (Month) 1/6 (Day) (Year) 53 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 3 1874

9. AGE last birthday: 78 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Grading-Hauling

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry J. Reich

14. MOTHER'S MAIDEN NAME: Margaret Hagen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If yes, give war or dates of service) SOCIAL SECURITY NO. 219-32-1764

17. INFORMANT AND ADDRESS: Mrs Geo Cursell 5306 Belleville 7

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral thrombosis	4 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic hypertensive cardiovascular disease	1 yr +
	(c)	

443X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 53, to 6 Jan, 19 53, that I last saw the deceased alive on 6 Jan, 19 53, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE: John Frank Jr. (Degree or title) M.D. ADDRESS: 1118 St Paul St. Balt. 2, Md. DATE SIGNED: 1-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/10/53

NAME OF CEMETERY OR CREMATORY: Salem Lutheran

LOCATION (City, town, or county) (State): Catonsville 28

DATE REC'D BY LOCAL REG.: 1/10/53

REGISTRAR'S SIGNATURE: V. E. Barnes

24. FUNERAL DIRECTOR ADDRESS: Mac Nabb & Son, Catonsville

R
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 60261

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 5 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 207 N. High Street ✓

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (NMI) (Last) RICKEWALD

4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 19 53 52

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/10/89

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bricklayer

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry

14. MOTHER'S MAIDEN NAME: Mary MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

517.4

Immediate cause (a) INFECTION, AMPUTATED STUMP, LEFT THIGH

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ESCHERICHIA COLI AND STREPTOCOCCUS FAECALIS

DUE TO

(c)

Interval Between Onset And Death: 5 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1/25/53

19b. MAJOR FINDINGS OF OPERATION: Tracheotomy and amputation leg, left

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Jan. 24, 1953, to Jan. 29, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDEGRIFT, M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 1/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2-2-53 NAME OF CEMETERY OR CREMATORY Baltimore National LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 1/31/53 REGISTRAR'S SIGNATURE BM

24. FUNERAL DIRECTOR Howard Blight Funeral Home, 6009 Harford Rd. ADDRESS Baltimore

Michael J. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1721 Payson St ✓

3. NAME OF DECEASED: (First) Mary (Middle) (Last) Roemer
4. DATE OF DEATH: (Month) Jan (Day) 17 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 10/3/1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry C Caines
14. MOTHER'S MAIDEN NAME: Virginia Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Collapse — Interval Between Onset And Death: 8 hrs.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Chronic Anemia — Uncertain
DUE TO
(c) Chirrhosis of Liver — Uncertain

581.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praecox — 30 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1953, to Jan 17, 1953, that I last saw the deceased alive on Jan 17, 1953, and that death occurred at 4.25 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick E Phillips, MD — ADDRESS Spring Grove Hospital — DATE SIGNED Jan 17 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 19, 1953 — NAME OF CEMETERY OR CREMATORY Lorraine Park — LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REGISTRAR 1-19-53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Young Byers — ADDRESS 5005 Pk Heights Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Cockeysville
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cliff Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Blenheim Rd) Phoenix
STREET ADDRESS (If rural, give location) Rural - Blenheim Rd.

3. NAME OF DECEASED: (Type or Print) (First) Eldanor (Middle) B (Last) Rolfe

4. DATE OF DEATH: (Month) January (Day) 10 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 14 October 1864

9. AGE last birthday: 88 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Stelton, New Jersey

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George W Stelle

14. MOTHER'S MAIDEN NAME: Isabella Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Daughter Mrs R.I. Davis Phoenix

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0
Immediate cause (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 4 months
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerotic Heart Disease — over 6 years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Jan 49, 19 48, to 9 Jan, 19 53, that I last saw the deceased alive on 9 Jan, 19 53, and that death occurred at 12:15 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Walter T. Rees M.D Cockeysville Md 10 Jan 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 1-17-53
NAME OF CEMETERY OR CREMATORY Stelton Baptist
LOCATION (City, town, or county) (State) Stelton, N.J.

DATE REC'D BY LOCAL REG. 10 Jan 1953
REGISTRAR'S SIGNATURE Anna Annis Reed MacRae
24. FUNERAL DIRECTOR J. Scott Brooks, Sparks, Md.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 629 Orpington Rd — LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 629 Orpington Road - 29

3. NAME OF DECEASED (First) (Middle) (Last) (Type or Print): Elizabeth — Ruppel

4. DATE OF DEATH (Month) (Day) (Year): JAN. 13, 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 12, 1870

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: Henry Schaad

14. MOTHER'S MAIDEN NAME: Katherine Lepp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Krautwein 629 Orpington Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: Two wks (2)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

441.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardio-Vascular Dis. — 2

19a. DATE OF OPERATION: July 29, 1952

19b. MAJOR FINDINGS OF OPERATION: Fractured Left hip (healed Sept 23, 1952)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19.47, to JAN 13, 19.53, that I last saw the deceased alive on JAN 13, 19.53, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE Earl Pass (Degree or title) MD — ADDRESS 4001 Wilkens Ave — DATE SIGNED 1-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 16-1953 — NAME OF CEMETERY OR CREMATORY: Lorraine Park — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 1-14-53 — REGISTRAR'S SIGNATURE: V E Harris

24. FUNERAL DIRECTOR — ADDRESS: Johns Chapel 5311 Edmondson Ave

JAN 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 337 Magnolia Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 337 Magnolia Terrace

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J (Last) RYCHWALSKI

4. DATE OF DEATH: (Month) JAN. (Day) 12 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 17 - 1901

9. AGE last birthday: 51 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker

10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co.

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Rychwalski

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Josphia Rychwalski (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlussion	½ hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arterio Sclerosis	5 years
	DUE TO (c) Hypertension	10 years

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19 45, to Jan. 12, 19 53, that I last saw the deceased alive on Jan. 12, 19 53, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE Marie A. Jacobs (DEGREE OR TITLE) MD ADDRESS 1010 North Point Rd DATE SIGNED 1/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 1-16-53 — NAME OF CEMETERY OR CREMATORY Sacred Heart Cem. — LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE RECD BY LOCAL REG. 1/15/53 — REGISTRAR'S SIGNATURE A.W. Hedrick

24. FUNERAL DIRECTOR John G. Connelly — ADDRESS 418 Eastern Ave Balto 31 Md.

Down

VS. A1 [illegible] 51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 120 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1508 Bolton Street

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) R. (Last) SADTLER

4. DATE OF DEATH: (Month) January (Day) 29 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-5-83

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Walter Sadtler

14. MOTHER'S MAIDEN NAME: Hannah Clayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 216-12-3399

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	ABSCESS, ILIOPSOAS REGION AND PYONEPHROSIS	UNKNOWN
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)	CARCINOMA OF CECUM	2 YEARS
DUE TO (c)		

53+

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-3-52, 11-3-52 — 19b. MAJOR FINDINGS OF OPERATION: Orchidectomy, right Laminectomy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1952, to Jan. 29, 1953 [redacted] and that death occurred at 3:30 AM, from the causes and on the date stated above.

WILLIAM B. VANDEGRIFT, M. D. (Degree or title) — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 1-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-31-53 — NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 2 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Rd. Baltimore, Md.

Mildred J. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00271

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Loch Raven Village — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1618 Hardwick Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md.
STREET ADDRESS (If rural, give location) 1436 N. Broadway

3. NAME OF DECEASED (Type or Print): (First) Liboria (Middle) (None) (Last) Scarantino

4. DATE OF DEATH: (Month) Jan. (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9-24-1881

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: Benedetto Bongiovanni.

14. MOTHER'S MAIDEN NAME: Mary Lubertini

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. J. W. Lang

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1951, to Jan, 1953, that I last saw the deceased alive on Jan 9, 1953, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Denis J. McGrath 8358 Loch Raven Blvd. Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1-13-53 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer Mem. | LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 1/12/53 | REGISTRAR'S SIGNATURE: H. W. Hedrick | 24. FUNERAL DIRECTOR: Leonard J. Ruck | ADDRESS: 5305 Harford Rd.

Dr. McGrath
8258 [illegible] Road
YH2 4[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex | LENGTH OF STAY (In this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 147 Poplar Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) George (Last) Schellanberger

4. DATE OF DEATH: (Month) Jan (Day) 3 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug 16 1883

9. AGE last birthday: 69 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired.

10b. KIND OF BUSINESS OR INDUSTRY: Laborer.

11. BIRTHPLACE (State or foreign country): Balto. City Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Schellanberger.

14. MOTHER'S MAIDEN NAME: Anna Zinckhofer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: 213-07-0947A

17. INFORMANT AND ADDRESS: Mrs. Louise C. Mank. (niece)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

420.1

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 1 - 3 - 53 8 A.M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Fall

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. M. Carmone M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md 1/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): Buried | DATE THEREOF: 1-7-1953 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer | LOCATION (City, town, or county) (State): Balto Md.

DATE RECD BY LOCAL REG. 1/5/53 | REGISTRAR'S SIGNATURE: A. W. Reed M.D. | 24. FUNERAL DIRECTOR ADDRESS: J. J. Bugzinski 1407 Eastern Ave.

7120 N. Regester St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Govpnr Dal
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Govpnr Dal
STREET ADDRESS (If rural, give location): 6811 Campfield Rd

3. NAME OF DECEASED (Type or Print): (First) Eliz. (Middle) (Last) Schlink

4. DATE OF DEATH: (Month) Jan. (Day) 14. (Year) 1953

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow | 8. DATE OF BIRTH: Nov. 18 1870 | 9. AGE last birthday: 83 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wm Freitag
14. MOTHER'S MAIDEN NAME: Fauge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Records Aug. Home 6811 Campfield Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerotic Heart Disease — Interval between onset and death: 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

42.1

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Generalized Arterio Sclerosis — 3 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 1945, to 1/14, 1953, that I last saw the deceased alive on 1/11, 1953, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Earl L. Chambers M.D. 4108 Liberty Hts. Balto-7-Md 1-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan. 16 53
NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery
LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 1/16/53
REGISTRAR'S SIGNATURE: D.O. Hedrick
24. FUNERAL DIRECTOR: Emil A Allemann ADDRESS: 6067 Harf. Rd

DMX

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 51

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1621 Gail Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 1621 Gail Rd

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) (Last) SCHMIDT

4. DATE OF DEATH: (Month) JAN. (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Sept 13 - 1875

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handyman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Schmidt

14. MOTHER'S MAIDEN NAME: Margaret Andrea

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Thomas Cardarelli

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Carcinoma of Stomach	2 yrs
	(c) DUE TO	

151X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to Jan 4, 1953 that I last saw the deceased alive on Jan 4, 1953, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

M Brumgardner MD Balto 6 Md 1/6/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 1-7-53 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) (State) Balto Co Md

DATE REC'D BY LOCAL REG. 1/6/53

REGISTRAR'S SIGNATURE Enid Hurley

24. FUNERAL DIRECTOR John G. Connolly — ADDRESS 48 Eastern Balto 24 Md.

JAN 9 1953

CERTIFICATE OF DEATH

Registered No. 45

BIRTH NO

1. NAME OF DECEASED (Type or Print): Andrew J. Schmidt

2. DATE OF DEATH: Jan. 19, 1953

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Co.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7216 Eastern Ave. - #24

c. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland B. COUNTY: B.C.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 7216 Eastern Ave. - #24

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 19, 1882 | 9. AGE (In years last birthday): 70 | If Under 1 Year: Months Days | If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self

10B. KIND OF BUSINESS OR INDUSTRY: Monument

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Schmidt

14. MOTHER'S MAIDEN NAME: Mrs. Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-34-2275

17. INFORMANT: Mrs. Duckett - ADDRESS: 7216 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS

DUE TO

592 ANTECEDENT CAUSES

(B) ARTERIOSCLEROSIS — 2 YRS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) CHR. NEPHRITIS — 2 YRS

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ACUTE CARDIAC FAILURE — 18 DAYS

19A. DATE OF OPERATION: NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JUNE 1950 *to* JAN 19, 1953 *that I last saw the deceased alive on* JAN 19, 1953 *and that death occurred at* 1:30 m., *from the causes and on the date stated above.*

23A. SIGNATURE: James J. Kevaney M.D. | 23B. ADDRESS: 2014 W. Cedery St. | 23C. DATE SIGNED: 1-20-53

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 1-22-53 | 24C. NAME OF CEMETERY OR CREMATORY: Greenmount Cem. | 24D. LOCATION (City, town, or county) (State): Greenmount Ave. - Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 20 1953

REGISTRAR'S SIGNATURE: Edith Hurley - Clerk

25. FUNERAL DIRECTOR | ADDRESS: John C. Miller Inc. - 2431 E. Oliver St.

VS 150

#13

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Fort Howard
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasedena
STREET ADDRESS (If rural give location): Box 171, Rt. 6, Bar Harbor

3. NAME OF DECEASED: (First) GEORGE (Middle) T. (Last) SCONES, Sr.
4. DATE OF DEATH: (Month) January (Day) 9, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10/20/80
9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Operator
10b. KIND OF BUSINESS OR INDUSTRY: G v E
11. BIRTHPLACE (State or foreign country): Elkton, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles
14. MOTHER'S MAIDEN NAME: Maggie Leibold

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): SPA
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

4[illegible]1
Immediate cause (a) MYODARDIAL INFARCTION. UNK.

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Jan. 8, 1953, to Jan. 9, 1953, and that death occurred at 2:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): FRANCIS G. DICKEY, M.D., Chf. Medical Service, VAH, Fort Howard, Md.
ADDRESS
DATE SIGNED: 1/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1-12-53
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: January 10 1953.
REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: McCulley Funeral Home, 3914 S. Hanover St.
ADDRESS: Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

DR. CHARLES H. REIER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6829 Blenheim Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge
STREET ADDRESS (If rural, give location) 6829 Blenheim Road

3. NAME OF DECEASED (Type or Print): (First) Ann (Middle) Carr (Last) Shearer

4. DATE OF DEATH: (Month) Jan. (Day) 12, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Sept. 18, 1868

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Shearer

14. MOTHER'S MAIDEN NAME: Agnes Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Miss Grace Shearer 6829 Blenheim Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	4 Weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	6 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to 12 Jan, 1953 that I last saw the deceased alive on 12 Jan., 1953, and that death occurred at 3 0 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles H. Reier M.D. ADDRESS: 6701 York Road, Towson 4, Md. DATE SIGNED: 1 - 13 - 53

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 1 - 14 - 53 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 1/14/53 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Place

M B Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jacksonville; LENGTH OF STAY (in this place) 5 wks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Jarrettsville Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 15 Florida Rd

3. NAME OF DECEASED (Type or Print): (First) Blanche (Middle) Ella (Last) Shelley

4. DATE OF DEATH: (Month) January (Day) 30 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 6 January 1872

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Phoenix Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Wesley Roystone

14. MOTHER'S MAIDEN NAME: Mary Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mary Carroll Phoenix Md (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — Interval between onset and death: 2 wks

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arterio sclerosis — one 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Vascular accident — 3 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Dec, 1953, to Jan, 1953, that I last saw the deceased alive on 28 Jan., 1953, and that death occurred at 12:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Walter T. Cues M. D. Cockeysville Md 30 Jan 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2 Feb 1953 — NAME OF CEMETERY OR CREMATORY: Glyndon — LOCATION (City, town, or county) (State): Monkton, Balto. Co. Md.

DATE REC'D BY LOCAL REG. 31 Jan 53 — REGISTRAR'S SIGNATURE: Irene Armistead MacRae — 24. FUNERAL DIRECTOR: L. Scott Brodes — ADDRESS: Sparks Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-N. Parkville — LENGTH OF STAY (In this place) Baltimore 14
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9017 Harford Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 14 Nr. Parkville
STREET ADDRESS (If rural, give location) 9017 Harford Rd.

3. NAME OF DECEASED (Type or Print): (First) Helen — (Middle) B. — (Last) Shockey

4. DATE OF DEATH: (Month) 1 (Day) 4 (Year) 1953

5. SEX: Fem

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4/23/04

9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Canal Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Lipsey

14. MOTHER'S MAIDEN NAME: Lillie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. [redacted]-9780

17. INFORMANT AND ADDRESS: Robert L. Myers 9525 Ridgely ave. Baltimore 14

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized metastases from Carcinoma of Sigmoid	13 months
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Infiltrating adeno Carcinoma of Sigmoid	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: December 3, 1952 — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Sigmoid adherent to bladder + small bowel — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Baltimore (COUNTY) 14, (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26, 19 52, to 1/4, 19 53, that I last saw the deceased alive on 12/28, 19 52, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Patrick L. Phelan M.D. — ADDRESS: 201 W Madison St. Baltimore 1, Md — DATE SIGNED: 1/5/53

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial — DATE THEREOF: 1/7/53 — NAME OF CEMETERY OR CREMATORY: Manchester Cem. — LOCATION (City, town, or county) (State): Manchester Carroll Co Md

DATE REC'D BY LOCAL REG.: 1/5/53 — REGISTRAR'S SIGNATURE: Ethel Helrich

24. FUNERAL DIRECTOR: B.N. Winkelmans — ADDRESS: Manchester, Md

Dup

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carney
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3328 E. Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carney
STREET ADDRESS (If rural, give location): 3328 E. Joppa Road

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) DONALD (Last) SHUE
4. DATE OF DEATH: (Month) January (Day) 28, (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: February 13, 1910
9. AGE last birthday: 22 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalided
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter S. Shue
14. MOTHER'S MAIDEN NAME: Evelyn Dorothy Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Walter S. Shue, Carney, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

492x Immediate cause (a) Virus Pneumonia — Interval Between Onset and Death: 48 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) (492x)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951, to Jan 28, 1953, that I last saw the deceased alive on Jan 27, 1953, and that death occurred at 12.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton B. Kresso — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan. 31, 1953
NAME OF CEMETERY OR CREMATORY: Moreland Cemetery
LOCATION (City, town, or county) (State): Parkville, Maryland

DATE REC'D BY LOCAL REG. Feb 2-53
REGISTRAR'S SIGNATURE: C. E. Arthur
24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Maryland

Local

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONVILLE — MARYLAND — LENGTH OF STAY (In this place): 2 YRS — HOSPITAL OR INSTITUTION OR STREET ADDRESS: REV. OPITZ HOME. 5743 EDMONDSON AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE — STREET ADDRESS (If rural, give location): 3526 ELMLEY AVE. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	EDWARD	SIMMONS	JANUARY	13	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE	WHITE	WIDOWED	OCT 10 1875	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED SGT POLICE	BALTO POLICE DEPT	CRAMBRIDGE, MD.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? SIMMONS	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		ALICE SHORES 3526 ELMLEY AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) LOBAR PNEUMONIA LEFT LUNG. — 6 DAYS

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) SENILITY — 6 MOS

(c)

490X

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	0	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
0		0		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan 6, 1953, to Jan 13, 1953, that I last saw the deceased alive on Jan 13, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. Lloyd Johnson M.D.	Catonville	1/14/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	JAN 16 1953	CHANCE CEMETERY	CHANCE	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/14/53	K.W. Redmond DMR	BRADSHAW FUNERAL HOME	CRISFIELD MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; LENGTH OF STAY (in this place) 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 1720 Forest Ave

3. NAME OF DECEASED (Type or Print): (First) AERIAL (Middle) ALETHIA (Last) SIPE

4. DATE OF DEATH: (Month) January (Day) 24, (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 31, 1873

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: George Sipe

14. MOTHER'S MAIDEN NAME: Elizabeth Cameron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, Lobar Unilateral — Interval Between Onset and Death: 7 days

490 +

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1953, to Jan 24, 1953, that I last saw the deceased alive on Jan 24, 1953, and that death occurred at 3:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bennett A. Stacy MD. Lutherville, 1/24/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Jan. 27, 1953

NAME OF CEMETERY OR CREMATORY: Pine Grove Cemetery

LOCATION (City, town, or county) (State): Rayville, Balto. Co., Md.

DATE REC'D BY LOCAL REG.: Jan 27, 1953

REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. XX

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
MARYLAND
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 919 Carrollton Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (NMI) (Last) SIVELS

4. DATE OF DEATH: (Month) January (Day) 12 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-5-05

9. AGE last birthday: 47 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY: Uniforms

11. BIRTHPLACE (State or foreign country): Norfolk, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Walter Sivels

14. MOTHER'S MAIDEN NAME: Mary P. Parson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) VIRUS PNEUMONIA — Interval Between Onset And Death: UNKNOWN

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-4-53

19b. MAJOR FINDINGS OF OPERATION: Appendectomy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 19 53, to Jan. 12, 19 53, ~~that I last saw the deceased~~ and that death occurred at 12:45 PM, from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) WILLIAM B. VANDERGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 1-13-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 1/15/53

NAME OF CEMETERY OR CREMATORY: Calvery Cemetery

LOCATION (City, town, or county) (State): Norfolk, Virginia

DATE REC'D BY LOCAL REGISTRAR: 1/15/53

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Arlington S. Phillips Funeral Home

ADDRESS: 1808 N. Monroe Street, Baltimore 17, Md.

Shipped to: Norman Gordon, Vine and Conova St., Norfolk, Va.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1[illegible]-1

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Big Falls Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton
STREET ADDRESS (If rural, give location) Big Falls Rd.

3. NAME OF DECEASED: (Type or Print) (First) Amelia (Middle) Jane (Last) Smith

4. DATE OF DEATH: (Month) January (Day) 17 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2 December 189[illegible]

9. AGE last birthday: 6[illegible] yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Monkton, Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: George Gray

14. MOTHER'S MAIDEN NAME: Mollie Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Husband - George Smith - Monkton Md. Big Falls Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

002X

Immediate cause (a) Tuberculosis? - Pneumonia — Interval between onset and death: 5 wks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Tuberculosis? — 1½ yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Jan, 1953, to 17 Jan, 1953, that I last saw the deceased alive on 17 Jan, 1953, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE Walter T. Kies — (DEGREE OR TITLE) M.D. — ADDRESS Cockeysville, Md — DATE SIGNED 17 Jan 1953

23. BURIAL, CREMATION, REMOVAL (Specify): (Burial) — DATE THEREOF 1/20/53 — NAME OF CEMETERY OR CREMATORY St. Lukes — LOCATION (City, town, or county) (State) Hereford, Md.

DATE REC'D BY LOCAL REG. 1-20-53 — REGISTRAR'S SIGNATURE Oked by R.C. Hudson, M D

24. FUNERAL DIRECTOR Wm I. Chatman, Jr. — ADDRESS 1701 McCulloh St. Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
LENGTH OF STAY (In this place) 31 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cliffvale Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural give location) Cliffvale Ave

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) W. (Last) Smith

4. DATE OF DEATH (Month) 1 (Day) 31 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH Oct. 11th 1874

9. AGE last birthday 78 yrs. — If under 1 year Months / Days — If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawmill worker

10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.

11. BIRTHPLACE (State or foreign country) Fredk Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jos. Smith

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Pearl Lancaster — Cliffvale Ave, Fullerton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Bladder — Interval Between Onset and Death 3 yrs.

1817 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office-bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/7, 1934, to 1/31, 1953, that I last saw the deceased alive on 1/30, 1953, and that death occurred at 3:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Hudson, M.D. ADDRESS Fork Md. DATE SIGNED 1/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2/2/53 — NAME OF CEMETERY OR CREMATORY St Michaels Luth Cem — LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 2/2/53 — REGISTRAR'S SIGNATURE W M Hammett

24. FUNERAL DIRECTOR Lansdale Funeral Home — ADDRESS 7401 Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 3 FilmG151 2/19/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH — COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HARRISONVILLE — LENGTH OF STAY (in this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Lyons Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HARRISONVILLE.
STREET ADDRESS (If rural, give location): Lyons Mill Rd.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) PAUL (Last) Smith

4. DATE OF DEATH: (Month) 1 (Day) 31 (Year) 1953

5. SEX: Male ~~FEMALE~~ | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED | 8. DATE OF BIRTH: July 22 - 1911 | 9. AGE last birthday: 41 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NEWS PAPER DISTRIBUTOR | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): BALTIMORE Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HARRY Smith | 14. MOTHER'S MAIDEN NAME: MARGVET Batterden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. 161-01-4826 | 17. INFORMANT AND ADDRESS: ANNA M. SMITH - Lyons Mill Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Pulmonic Heart disease

4141 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumatic fever

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1953, to 1/31/, 1953, that I last saw the deceased alive on 1/31/, 1953, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): Wm. E. Martin M.D. | ADDRESS: Randallstown Md | DATE SIGNED: 1/31/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 2/3/53 | NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL | LOCATION (City, town, or county): BALTIMORE, Md (State)

DATE REC'D BY LOCAL REG.: 1/31/53 | REGISTRAR'S SIGNATURE: Wm. E. Martin | 24. FUNERAL DIRECTOR AND ADDRESS: Frank A. Meurll - Pikesville, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place) 31 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2914 Lingamore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 2914 Lingamore Ave

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) J. (Last) Smith

4. DATE OF DEATH: (Month) Jan (Day) 3 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 4-16-1869

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Baking

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis J. Smith

14. MOTHER'S MAIDEN NAME: Anne Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-16-4032

17. INFORMANT AND ADDRESS: S. Hazel Smith - 2914 Lingamore Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

156.1 Immediate cause (a) Carcinoma, liver

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 19 52, to Jan. 3, 19 53, that I last saw the deceased alive on 1/3, 19 53, and that death occurred at 1:37 P. m., from the causes and on the date stated above.

SIGNATURE: Nathan Janney (Degree or title) ADDRESS: 2101 Harford Rd. DATE SIGNED: 1/5/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 1-6-53 | NAME OF CEMETERY OR CREMATORY: Mount Olive | LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 1/5/53 | REGISTRAR'S SIGNATURE: C W Hedrick

24. FUNERAL DIRECTOR: James S. Evans ADDRESS: 8802 Harford Rd

JC 2

7101 Hanford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3233 Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 3233 Joppa Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Brooke (Last) Smith

4. DATE OF DEATH: (Month) Jan. (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: ------

9. AGE last birthday: About 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Aloysius Smith

14. MOTHER'S MAIDEN NAME: Ellen Meeks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Thelma S. Kelly 341 Rosebank Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-renal vascular disease	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage (spontaneous) c. left side paralysis	2 yrs
	(c) Hypertension	5 yrs

442K

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. , 1940, to Jan. 17, 1953, that I last saw the deceased alive on Jan. 17, 1953, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Rollin L. Hudson M.D. ADDRESS: Towson Md DATE SIGNED: 1/20/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 1/21/53 | NAME OF CEMETERY OR CREMATORY: New Cathedral | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Jan 20-53 | REGISTRAR'S SIGNATURE: G. W. Hedrick | 24. FUNERAL DIRECTOR: H. W. Meads Inc. | ADDRESS: 805 N. Calvert St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Cockeysville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville
STREET ADDRESS (If rural give location) Falls Rd.

3. NAME OF DECEASED: (Type or Print) (First) Leroy (Middle) Otto (Last) Smith

4. DATE OF DEATH: (Month) 1 (Day) 27 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Oct 15, 1894

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer

10b. KIND OF BUSINESS OR INDUSTRY: quarrey

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Smith

14. MOTHER'S MAIDEN NAME: Louisa ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-07-5589

17. INFORMANT & ADDRESS: Mrs. Ardella Smith, Cockeysville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac decompensation — Interval Between Onset And Death: 2 mons.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardio-vascular disease — 3 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Silicosis — found first in 1948 — over 4 yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Jan, 1953, that I last saw the deceased alive on 26 Jan, 1953, and that death occurred at 4:00 AM, from the causes and on the date stated above.

SIGNATURE Walter T. Kies (Degree or title) M.D. ADDRESS Cockeysville, Md DATE SIGNED 29 Jan 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1-29-53 — NAME OF CEMETERY OR CREMATORY Douglas M.E. — LOCATION (City, town or county) (State) Cockeysville, Md

DATE REC'D BY LOCAL REGISTRAR 28 January 1953 — REGISTRAR'S SIGNATURE Irene Ermis Read — 24. FUNERAL DIRECTOR J. Scott Brooks — ADDRESS Sparks, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phoenix Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix
STREET ADDRESS (If rural give location) Phoenix Rd

3. NAME OF DECEASED: (First) Jacob (Middle) Martin (Last) Snyder (Type or Print)

4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: Dec 1, 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: stone mason

10b. KIND OF BUSINESS OR INDUSTRY: own business

11. BIRTHPLACE (State or foreign country): Phoenix, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Snyder

14. MOTHER'S MAIDEN NAME: Annie E. Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Walter B. Butler, Phoenix, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Squamous Cell Carcinoma (Tongue) DUE TO — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 1951

19b. MAJOR FINDINGS OF OPERATION: Squamous Cell Carcinoma (Tongue)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Jan, 1953, that I last saw the deceased alive on 12 Jan, 1953, and that death occurred at 1:50 AM from the causes and on the date stated above.

SIGNATURE Walter T. Cue (Degree or title) M.D ADDRESS Cockeysville Md DATE SIGNED 14 Jan 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1-15-53 — NAME OF CEMETERY OR CREMATORY Poplar Grove — LOCATION (City, town, or county) Cockeysville, Md (State)

DATE REC'D BY LOCAL REGISTRAR 1-15 on 1953 — REGISTRAR'S SIGNATURE Irene Armistead MacRae

24. FUNERAL DIRECTOR J. Scott Brooks — ADDRESS Sparks, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1625 Shakespeare St.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) F. (Last) STACHOWSKI

4. DATE OF DEATH: (Month) January (Day) 11 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-29-89

9. AGE Last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Veit's Dairy

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Andrew Stachowski

14. MOTHER'S MAIDEN NAME: Josephine MN: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown-

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 6, 1953, to Jan. 11, 1953, that I last saw the deceased alive on [illegible] and that death occurred at 6:35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
FRANCIS G. DICKEY, M. D., Chief, Medical Service, VAH, Fort Howard, Md. 1-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1-14-53 NAME OF CEMETERY OR CREMATORY Baltimore National LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 1/13/53 REGISTRAR'S SIGNATURE A.W. Hedrick Dep

24. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler, Inc. Funeral Home Eastern Ave. & Wolfe St., Baltimore, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - WOODLAWN
LENGTH OF STAY (in this place) 74 YEARS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6733 WINDSOR MILL Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Woodlawn
STREET ADDRESS (If rural give location) 6733 Windsor Mill Rd.

3. NAME OF DECEASED: (Type or Print) (First) MAY (Middle) — (Last) STANLEY

4. DATE OF DEATH: (Month) 1 (Day) 31 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH 13, 1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Eberhard

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Husband - Stanley Stanley - 6733 Windsor Mill Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive Heart Failure DUE TO — Interval Between Onset And Death: 24 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchial Asthma DUE TO — 12 years

(c)

94.1 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/30, 1953, to 1/31, 1953, that I last saw the deceased alive on 1/30, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE Edwin G Purpont (Degree or title) M.D. ADDRESS 8204 Liberty Rd Balto 7 Md. DATE SIGNED 1/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) CREMATION — DATE THEREOF 2/3/53 — NAME OF CEMETERY OR CREMATORY LOUDON PARK — LOCATION (City, town, or county) BALTO. Md (State)

DATE RECD BY LOCAL REGISTRAR 2/4/53 — REGISTRAR'S SIGNATURE Wm E. Martin

24. FUNERAL DIRECTOR CHAS P. TOWELL — ADDRESS WOODLAWN, 7

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 1

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 22 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore city
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Unknown. ✓

3. NAME OF DECEASED: (First) Joseph (Middle) (Last) Stawarski
4. DATE OF DEATH: (Month) 1 (Day) 24 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
M	W	Sing	1871	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mineral
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: Seymour Stawarski
14. MOTHER'S MAIDEN NAME: Frances Schenborski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Relative, Spring Grove State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure	
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic heart disease	
	DUE TO	
	(c)	

420

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
None	None	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6.30 p.m., from the causes and on the date stated above.

SIGNATURE Will Williamson MD (DEGREE OR TITLE) ADDRESS Spring Grove State Hospital DATE SIGNED 1/24/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/27/53	University Med School	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-27-53	V. E. Harry	Frances G. Hemsley	578 W Balto

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 33 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 13

STREET ADDRESS (If rural give location): 3339 Elmley Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
GEORGE	H.	STEPHAN	January 3 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	7-1-93	59 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Machinist	Cmp. Holabird	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harry F. Stephen	Catherine Pedelow

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No:	17. INFORMANT & ADDRESS:
Yes	WW I	218-01-1435	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) CEREBROVASCULAR ACCIDENT — UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec.1 ,1952, to Jan.3 , 1953, and that death occurred at 10:45 AM, from the causes and on the date stated above.

SIGNATURE: J. R. GIADUE, M. D. (Degree or title)

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 1-3-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/6/53	Baltimore National	Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/6/53	A. W. Hedrick M.D.	Henry Sander & Sons Inc. Funeral Home	North Ave. and Broadway, Baltimore, Md.

Henry J. Sander

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 43 N. Hawthorne ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Heralay
STREET ADDRESS (If rural, give location) 506 Park ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	D.	Stranger	Jan.	19	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	3/20/1875	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired	R. R.	Austria	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jolohn Stranger	Anna Fuchsa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mary Stranger (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion	Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes	2-3 yrs
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY 1 19 1:35 P.M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
		None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. McCarmine M.D.	Deputy Medical Examiner	Baltimore Co. Towson 2 Md	1/19/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	1/20/53	Fisher Funeral Home	Harrisburg, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
January 20, 1953	Edith Hurley	J. J. Brzezynski	1487 Eastern Ave

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland - R.D.; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elsie; (Middle) M.; (Last) Swam.

4. DATE OF DEATH: (Month) Jan. (Day) 21. (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7/26/1895

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Hereford, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: C. Herbert Ensor

14. MOTHER'S MAIDEN NAME: Nellie Hoshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Edwin Swam - Freeland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the breast

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1951

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 51., to Jan. 21, 1953, that I last saw the deceased alive on Jan 21, 1953, and that death occurred at 11 30 p m. from the causes and on the date stated above.

SIGNATURE: C. M. France (Degree or title) M.D. ADDRESS: Parkton, Md. DATE SIGNED: 1/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 1/24/53.; NAME OF CEMETERY OR CREMATORY: Mt. Zion; LOCATION (City, town, or county): Freeland, (State): Md.

DATE REC'D BY LOCAL REG. 1/22/53; REGISTRAR'S SIGNATURE: Chester T. Fuller

24. FUNERAL DIRECTOR: Jacob Hartenstein, New Freedom, Pa. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0423

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RELAY
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5008 HAZEL AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RELAY
STREET ADDRESS (If rural give location): 5008 HAZEL AVE

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) JAMES (Last) SWEENEY

4. DATE OF DEATH: (Month) JAN. (Day) 13 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MAY 4, 1949

9. AGE Last birthday: 3 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOSEPH A. SWEENEY

14. MOTHER'S MAIDEN NAME: MARY F. KELLY

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: JOSEPH A SWEENEY 5008 HAZEL AVE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) ..... Anemia — 1 month

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Neuroblastoma — ? 3 months

DUE TO (c)

1934

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 6, 1952

19b. MAJOR FINDINGS OF OPERATION Neuroblastoma

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1952, to Jan 13, 1953, that I last saw the deceased alive on Jan 13, 1953, and that death occurred at 10 PM, from the causes and on the date stated above.

SIGNATURE: Wm M Nicholas (Degree or title) M D — ADDRESS: 5402 Edmondson Ave — DATE SIGNED: 1-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF: 1/15/53 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REGISTRAR: 1/14/53 — REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR Joseph F Conlon, 1328 Dolphin St. Balto. — ADDRESS

Jork

5402 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0029

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 5-15M

1. PLACE OF DEATH:

County Baltimore

City or town Reisterstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7/30/51 - 1/7/53

Hospital, institution, or street address where death occurred:
Mount Pleasant Hospital

How long in hospital or institution? 7/30/51 - 1/7/53

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Timonium
(If outside city or town limits, write RURAL and give nearest town)

Street No. Edge O Pines
(If rural, give LOCATION)

2.(a) If veteran, name war no

3.(a) FULL NAME WILLIAM WATERS TAYLOR

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6.(b) Name of husband or wife Dorothy Sullivan

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) February 10, 1918

8. AGE: Years	Months	Days	If less than one day
34	11	34	..... hrs. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Draftsman

11. Industry or business

FATHER — 12. Name Page Shyrock Taylor
13. Birthplace U.S.A.

MOTHER — 14. Maiden name Helen Strehlau
15. Birthplace U.S.A.

16. Informant Mrs. Joseph F. Lankford
Address Timonium, Maryland

17. burial (Burial, cremation, or removal. Which?) Date thereof 1/10/53 (month) (day) (year)

Cemetery or crematory Loudon Park Cemetery

Location Baltimore, Maryland

18. Funeral director Wm. Cook, Inc.
Address 1217 St. Paul Street

19. 1/8 (Date rec'd by registrar) 19 53 A.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 19 53, at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/30/ 19 51, to 1/7 19 53 and that I last saw him alive on January 7, 19 53

Immediate cause of death	DURATION
Myocardial failure	
Due to Pulmonary tuberculosis	6 yrs.
Due to	
Other conditions C02X	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Cecil Rubin M.D. M. D., or other

Address Mt. Pleasant Hospital Date signed 1/7/53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
MARYLAND
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 516 N. Rolling Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville 28
STREET ADDRESS (If rural, give location): 516 N. Rolling Rd.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) B. (Last) Thomey Sr.

4. DATE OF DEATH: (Month) 1 (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-22-1884

9. AGE last birthday: 68 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Road Building

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Thomey

14. MOTHER'S MAIDEN NAME: Agnes Upman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Anna L. Thomey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 Day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic C.V. Renal Disease — 6 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952 to Jan 29, 1953, that I last saw the deceased alive on Jan 28, 1953, and that death occurred at 5:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Foreman & Foreman — ADDRESS: Catonsville — DATE SIGNED: 1-30

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2-2-53
NAME OF CEMETERY OR CREMATORY: Cathedral Cemetery
LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 1-30-53
REGISTRAR'S SIGNATURE: V E Barry

24. FUNERAL DIRECTOR: MacNabb & Son
ADDRESS: Catonsville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govt — LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kirkdale apts 2412 E. Byway South.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Hilda (Middle) Louise (Last) Thompson.

4. DATE OF DEATH: (Month) Jan (Day) 16 (Year) 53

5. SEX: Fem — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow — 8. DATE OF BIRTH: Oct 27 1894 — 9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Worker Housewife. — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Baltimore Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry August Schevitt. — 14. MOTHER'S MAIDEN NAME: Johannah Beelar —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS: Leona E. Jones (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immediate.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Heart — 3-10 yrs.

(c) disease.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 16 53 7:30 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or Title) — ADDRESS — DATE SIGNED

J. M. Learmonth M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md 1/16/53

23. BURIAL, CREMATION REMOVAL, (Specify) Burial — DATE THEREOF 1/19/53 — NAME OF CEMETERY OR CREMATORY U.S. National Cemetery — LOCATION (City, town, or county) Baltimore, (State) Maryland.

DATE REC'D BY LOCAL REG. 1/16/53 — REGISTRAR'S SIGNATURE H. D. Hedrick — 24. FUNERAL DIRECTOR — ADDRESS Wm. Cook Inc., 1217 E. Paul St

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (In this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 620 C. Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
620 C. Street
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sara (Middle) Glaven (Last) Tobin

4. DATE OF DEATH: (Month) Jan (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 8 - 1885

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): N. Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Patrick O'Brien

14. MOTHER'S MAIDEN NAME: Anna (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: James Tobin, 620 C St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — sudden

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic heart disease — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Emphysema with Chronic mucous bronchitis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 47., to Jan. 9., 1953., that I last saw the deceased alive on Jan. 9., 1953, and that death occurred at 7 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dawson L. Farber M.D. 914 "D" St. Sparrows Point Md. 1/10/53

23. BURIAL, CREMATION OR REMOVAL (Specify) Removal; DATE THEREOF Jan 12, 1953 NAME OF CEMETERY OR CREMATORY St. Agnes Cemetery LOCATION (City, town, or county) Albany (State) N.Y.

DATE REC'D BY LOCAL REG. Jan. 10-53 REGISTRAR'S SIGNATURE Dawson L. Farber

24. FUNERAL DIRECTOR J. J. Welch ADDRESS 5305 Harford Rd Balto 14.

PUBLIC U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. (illegible)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15 51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
LENGTH OF STAY (in this place): 1 mo. 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2301 Ocola Ave. ✓

3. NAME OF DECEASED: (Type or Print) (First) Betty (Middle) (Last) Tusch

4. DATE OF DEATH: (Month) Jan. (Day) 12, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ---

8. DATE OF BIRTH: 8-27-52

9. AGE last birthday: ___ yrs. IF UNDER 1 YEAR: Months 4 Days 16 IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): U.S.A.

12. CITIZEN OF WHAT COUNTRY? citizen

13. FATHER'S NAME: Irving Tusch

14. MOTHER'S MAIDEN NAME: Ida Szymanowacz Tusch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Rosewood State Training School

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

75/x

Immediate cause (a) Cardiac Failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hydrocephalus, internal — DUE TO — Interval Between Onset and Death: Congenital

(c) Meningomyelocele

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --- (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. ---

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Nov. 26 1952, to Jan. 12 1953, that I last saw the deceased alive on Jan. 12, 1953, and that death occurred at 7:50 P.m., from the causes and on the date stated above.

SIGNATURE Viola B. Johns (DEGREE OR TITLE) M D ADDRESS Rosewood, Owings Mills, Md DATE SIGNED 1/12/53

Dr. Viola B. Johns

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-14-53 — NAME OF CEMETERY OR CREMATORY: Mt Carmel — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 1/13/53 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Jack Lewinske — ADDRESS: 3100 Eutaw Pl

2382424254

Item 21 Film G151 2-13-53 ams

Dr. Urban
605 Frederick Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 26 Newburg Avenue	STREET ADDRESS (If rural, give location) 26 Newburg Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Eva	Mary	Upman	Jan.	22nd	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Widow	July 11, 1871	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John B. Upman	Ellen M. Path

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Miss Regina M. Upman, 26 Newburg Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
903.0 Immediate cause	(a) Uremia	4 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Renal Disease	2 yrs.
	(c) Fractured left hip	2 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Home	Catonsville, Md.		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
12-12-52 4.30 a.m.		Fell on floor going to bathroom

22. I hereby certify that I attended the deceased from 3.18, 1951, to 1.22, 1953, that I last saw the deceased alive on 1.22, 1953 and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas E Upton	M.D	605 Bird Av Balto	1.22.53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/26/53	New Cathedral Cem.	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/23/53	A. W. Hedrick	Edward J. Fuck	5305 Harford Road.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A154

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reese Road; MARYLAND; LENGTH OF STAY (In this place) —; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylor (Rural); ~~STREET~~ ADDRESS (If rural, give location) Monkton Rd

3. NAME OF DECEASED (Type or Print): (First) Franklin (Middle) Brooke (Last) Voss

4. DATE OF DEATH: (Month) Jan (Day) 31 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 20 1880

9. AGE last birthday: 72 yrs. If under 1 year: Months —; Days 11; If under 24 hrs.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Artist

10b. KIND OF BUSINESS OR INDUSTRY: Portrait Painter

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Voss

14. MOTHER'S MAIDEN NAME: Caroline Kane Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO. —

17. INFORMANT: Stuart F. Voss Monkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart disease, coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 11 A m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rollin C. Hudson (Degree or title) M.D., D.M.E. ADDRESS Towson Md DATE SIGNED 4/31/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF Feb 2/1953; NAME OF CEMETERY OR CREMATORY St James; LOCATION (City, town, or county) (State) Monkton, Balto Md

DATE REC'D BY LOCAL REG. 3 Feb 1953; REGISTRAR'S SIGNATURE Anna Annis Reid MacRae

24. FUNERAL DIRECTOR Monkton Funeral Home, Jarrettsville Md ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ■refully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 29 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 Oak Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 105 Oak Drive

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Fred (Last) Waltemeyer

4. DATE OF DEATH: (Month) 1 (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-22-1871

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Brewery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Waltemeyer

14. MOTHER'S MAIDEN NAME: Mary E. Chance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Frederick A. Waltemeyer (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 30 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 18 1952 to Nov 24 1952, that I last saw the deceased alive on Nov 26 1952, and that death occurred at 6:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clyde Ratcliff Jr. M.D. ADDRESS 4605 Edmondson ave DATE SIGNED 1/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 1-30-53; NAME OF CEMETERY OR CREMATORY Loudon Park; LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 1-29-53; REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR MacNabb & Son; ADDRESS Catonsville

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 4401 Old Frederick Road

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) W. (Last) WARD

4. DATE OF DEATH: (Month) January (Day) 14 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-7-1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (Do not use retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Selbby Ward

14. MOTHER'S MAIDEN NAME: Lula Proutt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 224-05-3789

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HYPERTENSIVE CARDIOVASCULAR DISEASE — Interval Between Onset And Death: UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

4434

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 19 53, to Jan. 14, 19 53, that I last saw deceased on [illegible] and that death occurred at 2:15 PM, from the causes and on the date stated above.

SIGNATURE (Physician or title): WM. B. VANDEGRIFT, M. D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 1-15-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1-19-53
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1/16/53
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Howard Blight Funeral Home
ADDRESS: 6009 Harford Rd. Baltimore, Md.
Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0030

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 325 S. Imla Street ✓

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) V. (Last) WATKINS

4. DATE OF DEATH: (Month) January (Day) 17 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-9-24

9. AGE last birthday: 28 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Steel Worker

10b. KIND OF BUSINESS OR INDUSTRY: ✓ unk.

11. BIRTHPLACE (State or foreign country): Tiltonville, Ohio

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: David Watkins

14. MOTHER'S MAIDEN NAME: Rebecca Woods

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY No.: 722-09-9839

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330+ Immediate cause (a) RUPTURED CONGENITAL ANEURYSM OF RIGHT MIDDLE

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) CEREBRAL ARTERY

DUE TO (c)

Interval Between Onset And Death: 27 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-16-53

19b. MAJOR FINDINGS OF OPERATION: Angiogram

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan.16, 19 53, to Jan.17, 19 53, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WM. B. VANDEGRIFT, M. D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 1-17-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-20-53

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1/19/53

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Howard Blight Funeral Home

ADDRESS: 6009 Harford Rd, Baltimore 14, Md.

Mildred T. Blight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2107 Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2107 Joppa Road

3. NAME OF DECEASED (Type or Print): (First) THEODORE (Middle) (Last) WEYFORTH

4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 2, 1889

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician — Balto. Symphony

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Weyforth

14. MOTHER'S MAIDEN NAME: Elizabeth Holecceck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-07-5102

17. INFORMANT: Mrs. Mary Weyforth, 2107 Joppa Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolism — 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-5-52

19b. MAJOR FINDINGS OF OPERATION: Duodenal Ulcer with hemorrhage

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 4, 1952, to Jan 20, 1953, that I last saw the deceased alive on Jan 19, 1953, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold H Burns M.D 115 E. Eager St. Balti Md. Jan 20 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/24/53 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REG.: 1/22/53 — REGISTRAR'S SIGNATURE: A. Wheatley

24. FUNERAL DIRECTOR: Leonard C. Ruck — ADDRESS: 5305 Harford Road

Dr. Burns
2823 W. Linwood Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland; LENGTH OF STAY (in this place) 53yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Bentley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland.; STREET ADDRESS (If rural, give location) Bentley Rd.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Henry (Last) White

4. DATE OF DEATH: (Month) (Day) (Year) January 1, 1953.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single.

8. DATE OF BIRTH: Nov. 26, 1878

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming.

11. BIRTHPLACE (State or foreign country): Freeland, Md. R.D.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wm T. White.

14. MOTHER'S MAIDEN NAME: Martha Ann Fuhrman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: William H. White, Freeland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocardial Deg'd — 15 yrs

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1925 to 1/1, 1953, that I last saw the deceased alive on 12/25/52, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE: H. C. Bower (Degree or title) ADDRESS: New Freedom, Pa. DATE SIGNED: 1/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan 3 1953

NAME OF CEMETERY OR CREMATORY: Stitz Cemetery

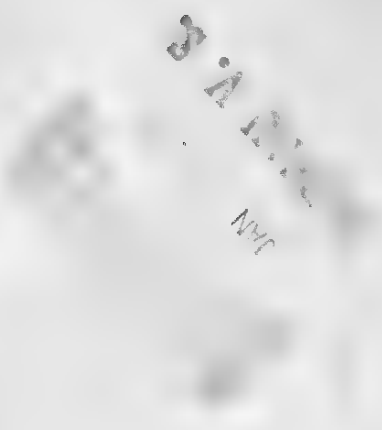
LOCATION (City, town, or county) (State): Glen Rock, York Co. Pa.

DATE REC'D BY LOCAL REG.: Jan 3 1953

REGISTRAR'S SIGNATURE: Charles J. Fuellon

24. FUNERAL DIRECTOR: Jacob Hartenstein

ADDRESS: New Freedom Pa.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stevenson
LENGTH OF STAY (in this place): 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stevenson
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Catherine (Last) Widmann

4. DATE OF DEATH: (Month) Jan. (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: April 25, 1866

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Troxell

14. MOTHER'S MAIDEN NAME: Susan Ann Hesser

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ----

17. INFORMANT & ADDRESS: Mrs. Merlin E. Naylor, Stevenson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Arterio Sclerosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Senility

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29-49, to 1-26-53, that I last saw the deceased alive on 1-25-53, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr E E Nichols — ADDRESS Pikesville Md — DATE SIGNED 1-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan. 29, 1953 — NAME OF CEMETERY OR CREMATORY Evergreen — LOCATION (City, town, or county) (State) Bladensburg, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-27-53 — REGISTRAR'S SIGNATURE Dr E E Nichols

24. FUNERAL DIRECTOR — ADDRESS
Burgee Funeral Home 3631 Falls Road Baltimore
Horace F. Burgee

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Owings Mills

LENGTH OF STAY (in this place): 16 yr. 11 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Tr. School, Owings Mills, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Baltimore

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore

STREET ADDRESS (If rural give location): 1824 N. Castle Street

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) Andrew (Last) Wills WILL

4. DATE OF DEATH: (Month) 1 (Day) 24 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	single	3-22-26	26 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
inmate	inmate	Baltimore, Maryland	U.S.

13. FATHER'S NAME: George A. Will (deceased)

14. MOTHER'S MAIDEN NAME: Winona May Shute (deceased)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	none	Institution records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) DUE TO: Broncho-pneumonia bilateral — Interval Between Onset And Death: 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO: Serial Epilepsy — 13 days

(c) Epilepsy since birth

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17 ,19 52, to 1-24 , 19 53 , that I last saw the deceased alive on 1-24 , 19 53, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Viola B. Johns M.D. — ADDRESS: Rosewood State Training School, Owings Mills, Md. — DATE SIGNED: 1-24-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	1/27/53	Baltimore Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 1-27-53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD — ADDRESS: Geo. F. Sander

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — MARYLAND — LENGTH OF STAY (In this place) 5 YRS — HOSPITAL OR INSTITUTION OR STREET ADDRESS 7406 BELCLARE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY BALTO — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK, 22 — STREET ADDRESS (If rural, give location) 7406 BELCLARE RD.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) MAYSE (Last) WILLIAMS

4. DATE OF DEATH: (Month) 1 (Day) 31 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: SEPT. 20, 1855

9. AGE last birthday: 97 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LUMBERMAN

10b. KIND OF BUSINESS OR INDUSTRY: LUMBER

11. BIRTHPLACE (State or foreign country): VIRGINIA—NOW W. VA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNK.

14. MOTHER'S MAIDEN NAME: SUTTLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: DR CHAS O. MILLER — SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteriosclerosis — Interval Between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953 to Jan 31, 1953, that I last saw the deceased alive on Jan 29, 1953, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Sandla MD — ADDRESS 2400 Duncan Rd — DATE SIGNED Feb 1, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 2-4-53 — NAME OF CEMETERY OR CREMATORY HANDSCOMAKER — LOCATION (City, town, or county) (State) UPPER GLADE, W. VA.

DATE REC'D BY LOCAL REG. Feb 1-1953 — REGISTRAR'S SIGNATURE O.M. Kelly — 24. FUNERAL DIRECTOR — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Jones Farm–Shelbourne Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus
STREET ADDRESS (If rural, give location): Shelbourne Road

3. NAME OF DECEASED (Type or Print): (First) WILL (Middle) (Last) WILLIAMS

4. DATE OF DEATH: (Month) January (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 60 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Williams

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Blanche Lawson – 1025 Shaw St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive cardiovascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchial asthma

(c)

241.X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Old contusions of brain

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* _, *Inquiry* _ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X *accident* _, *suicide* _, *homicide* _, *undetermined* _.

SIGNATURE: R B Fisher (Degree or title): MD ADDRESS: Chief Medical Examiner–700 Fleet St. Balto. 2, Md. DATE SIGNED: 1/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-29-1953 — NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cmty — LOCATION (City, town, or county) (State): Balto.

DATE REC'D BY LOCAL REG.: 1/22/53 — REGISTRAR'S SIGNATURE: [illegible] — FUNERAL DIRECTOR: H. B. Bishop — ADDRESS: 139 W. Hamburg St.

Duke

Item 18 Film G151 2-24-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place) 11 yrs. 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School Owings Mills, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) Holland St., Extended.

3. NAME OF DECEASED (Type or Print): (First) Garland (Middle) (Last) Wolfe

4. DATE OF DEATH: (Month) 1 (Day) 22 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 12-25-37

9. AGE last birthday: 15 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): inmate

10b. KIND OF BUSINESS OR INDUSTRY: hospital

11. BIRTHPLACE (State or foreign country): Burlington, Mineral Co., W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Arthur Wolfe

14. MOTHER'S MAIDEN NAME: Ollie Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Institution records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

501X Immediate cause (a) Bronchitis and bronchopneumonia, both lower lobes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Microcephaly with retarded intellect.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R B Fisher Chief Medical Examiner-700 Fleet St.-Balto. 2, Md. 1/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan.24,1953
NAME OF CEMETERY OR CREMATORY: Rosewood Cem.
LOCATION (City, town, or county) (State): Owings Mills, Md.

DATE REC'D BY LOCAL REG.: 1-23-53
REGISTRAR'S SIGNATURE: Mary B. Eline
24. FUNERAL DIRECTOR: J.F.Eline & Sons, Reisterstown, Md.
ADDRESS

JAN 27 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

60310

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 504 Owings Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) 504 Owings Avenue

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) Lowe (Last) Worrell
4. DATE OF DEATH: (Month) Jan (Day) 30 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept 14 1865
9. AGE last birthday: 87 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Worrell
14. MOTHER'S MAIDEN NAME: Julia Everhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Margaret Gobrecht Reisterstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Arteriosclerotic Uraimia	5 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inguinal Hernia — 50 yrs.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: No
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): Not an injury
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Not an injury

22. I hereby certify that I attended the deceased from 5-12-41, 19..., to 1-30, 1953, that I last saw the deceased alive on 1-29, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE: D. D. Caples (M.D.) — ADDRESS: Reisterstown Md. — DATE SIGNED: Jan. 31, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 2 1953	Trinity Lutheran Cem	Reisterstown Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-31-53	Mary B. Eline.	Wm Berryman & Sons	Reisterstown Md

RECEIVED
FEB 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Settlers Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrow Point; STREET ADDRESS (If rural, give location) 1015 N. Wolfe St

3. NAME OF DECEASED (Type or Print): (First) Solomon (Middle) (Last) Wright

4. DATE OF DEATH: (Month) (Day) (Year) 1-13 1953

5. SEX M

6. COLOR OR RACE Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sep.

8. DATE OF BIRTH Jan. 30. 90

9. AGE last birthday 62 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Skill Laborer

10b. KIND OF BUSINESS OR INDUSTRY Sparrow Point

11. BIRTHPLACE (State or foreign country) Jamestown S.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Effiern Wright

14. MOTHER'S MAIDEN NAME Ella Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ?

17. INFORMANT AND ADDRESS David Wright 1301 N. Washington S t

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple Fractures of Pelvis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ruptured Urinary Bladder

910.3

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Pier Dal Physan (CITY OR TOWN) Sparrows Pt (COUNTY) Balto (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 1-13-53 6:30 p.m. | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? Pier 7 Channel Dim fell on him

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. V. Dawson M.D. Asst. Med. Exam. - Dundalk, Md. Jan 13-1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 1/16/1953 | NAME OF CEMETERY OR CREMATORY Balto. Nat. Cem. | LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. 1/16/53 | REGISTRAR'S SIGNATURE A.W. Redmond Dpty | 24. FUNERAL DIRECTOR Elroy O. Wilson ADDRESS 1000 Brantly Ave

VS. A15

stop a L.P. station house.

Returns 8-a-m & 5-p-m

for belongings.